



John M. Simonetti, Director of Athletics  
E-mail: jsimonet@northwarren.org

P.O Box 410, 10 Noe Road, Blirstown, NJ 07825  
Phone: 908-362-5285 ♦ Fax: 908-362-7353

## TRAVEL RELEASE

Today's Date: \_\_\_\_\_ Date of Sporting Event: \_\_\_\_\_

**Student/Athlete Name:** \_\_\_\_\_

I certify that I am personally transporting my child to, from or in both directions from the

\_\_\_\_\_ event.  
(sport & level)

Parent Contact Number: \_\_\_\_\_

**Parent Name:** (please print) \_\_\_\_\_ **Signature:** \_\_\_\_\_

I understand that the North Warren Regional High School Athletic rules require that students ride the buses to and from all athletic events and a departure from this requirement will release the North Warren Regional School District from all liability for any adverse results that may occur.

I agree to release the North Warren Regional School District and its employees and officers from all liability with reference to the above stated transportation.

**Parent Signature:** \_\_\_\_\_

This form must be on file in the Athletic Office **prior to the dismissal of school on the day of the contest.**

**Approved - Not Approved** \_\_\_\_\_  
(signature of coach)

**Approved - Not Approved** \_\_\_\_\_  
(signature of Athletic Director)