



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)