

PELICAN RAPIDS PUBLIC SCHOOLS

310 S BROADWAY | PO BOX 642 | PELICAN RAPIDS, MN 56572 | (P) 218.863.5910 | (F) 218.863.5915
BRIAN KORF Superintendent
DERRICK NELSON Elementary Principal

LAURA JANUSZEWSKI Secondary Principal
DAVIS KOSEN Dean of Students / Activities Director



STUDENT EXTRA-CURRICULAR ACTIVITY TRAVEL RELEASE FORM

Name of Student _____

Sport/Activity _____

Date of Event/Game _____

Location of Event/Game _____

I hereby certify that my child has my permission to ride (to / from / both) described above.
Transportation will be provided by: _____

I understand that the Pelican Rapids School District's rules require students to ride the buses to and from all out-of-town activities. Departure from this requirement will release the Pelican Rapids School District from all liability for any adverse results that may occur.

I agree to release the Pelican Rapids School District, its employees, and officers from all liability with reference to the above-stated transportation.

This form must be submitted to the head coach/advisors of the program prior to the day of the event.

My signature below indicates my approval of the aforementioned items.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Signature of Head Coach/Advisors

Date