

# EAST GREENBUSH CENTRAL SCHOOLS

East Greenbush, New York 12061

Michael G. Leonard, Director  
Physical Education, Health  
and Athletics  
Columbia High School  
(518) 207-2080  
FAX 207-2089



## TRANSPORTATION ACKNOWLEDGMENT AND AUTHORIZATION FORM

I, the undersigned, as parent/guardian of \_\_\_\_\_, a student in the East Greenbush Central School District (hereinafter “the District”) who wishes to participate on an interscholastic athletic team which may play, meet and train at locations other than East Greenbush Central School District facilities, waive any rights arising under section 1709(41) of the New York State Education Law and authorize the District to provide one-way transportation from the District to the location of games, practices or other team functions and acknowledge that I will be responsible to arrange transportation for my child’s return home from such team activities.

I further understand and acknowledge that the District is not responsible for the safety of students who are outside the custody and control of school officials and that the District may not be held liable for any injuries or damages that may occur at such times, which include but are not limited to, travel to and from interscholastic team activities in non-school provided transportation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

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## FIELD TRIP PERMISSION SLIP PARENT TRANSPORTATION REQUEST

My child \_\_\_\_\_ has permission to participate in the field trip to  
(name)  
\_\_\_\_\_ on \_\_\_\_\_.  
(trip/event) (date)

I acknowledge that I have refused the offer of district transportation to and from the above listed event. I understand and accept the risk of electing to permit my child to participate in this field trip without district transportation. My consent to my child's participation is purely voluntary and my permission is given in spite of the risks, known or unknown.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Signature of Coach