

NORTH SYRACUSE CENTRAL SCHOOL DISTRICT
5355 West Taft Road
N. Syracuse, NY 13212
315.218.4114

**TRANSPORTATION HOME FROM AN ATHLETIC EVENT
NOTE FROM PARENTS**

I, _____, will be transporting my son/daughter,
_____, home from the _____
game on _____ (Sport)
(Day/Date/Time).

Parent Signature

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

With my signature above, I agree to release the North Syracuse Central School District and its employees and officers from all liability with reference to the above stated transportation.