

# CRLS Athletics



Thomas P. Arria, III  
Director of Athletics  
Office: 617-349-6691  
Cell: 617-599-9970  
Email: tarria@cpsd.us

## ATHLETIC TRANSPORTATION RELEASE FORM

As parent/legal guardian of \_\_\_\_\_, I am assuming all responsibility  
(NAME OF STUDENT ATHLETE)  
for transporting my son/daughter from the away contest/event listed below. I further represent that I will only be transporting my own child(ren) who are attending the away contest/event and that I will not be transporting any other student athletes who are attending the away contest/event. I understand that by signing this release form, I releasing the City of Cambridge, Cambridge School Committee and Cambridge Public Schools and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my transportation of my son/daughter from the away content/event list below.

Date of Contest/Event: \_\_\_\_\_ Level & Sport: \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Athletics/Principal: \_\_\_\_\_

**FORM MUST BE COMPLETED AND TURNED INTO ATHLETIC DIRECTOR'S OFFICE 48 HOURS IN ADVANCE OF TRIP. (ONLY EXCEPTION TO ADVANCE NOTICE IS AN EMERGENCY.)**