

SPORTS TRAVELING PERMISSION SLIP

My student, _____ participates in the sport(s) of
Please print name of student

_____ and will be traveling home with:
Please print all sport(s)

Reason athlete cannot travel home w/team:

This must be approved by the Athletic Director, Mr. Yancey Devore 48 hours in advance.

Printed Name of Parent

Contact phone/cell #

Signature of Parent

Date

OFFICE USE ONLY:

Athletic Approval: _____

Date