

APRIL CAMUSO
PRINCIPAL



ANNA CYR
GUIDANCE

H O P K I N S

A C A D E M Y

**HOPKINS ACADEMY
ATHLETIC BUS RELEASE FORM**

Parents are advised that if they wish to transport their son/daughter to or from a game/event, they must complete and submit this form to the Assistant Principal and Athletic Director for their signatures at least one full school day in advance of the event. Once the form is approved by all parties, a copy will be provided to the coach/advisor. The coach/advisor will have this form at the game/event. The parent and student must have face to face contact with the coach/advisor and specify that he/she (parent) will be taking full responsibility of their child. The coach/advisor will then release the student to that parent only.

Team/Group: _____ Level: _____

Coach/Advisor: _____

Event date or dates: _____ Location: _____

I understand that Hopkins Academy encourages students to ride the bus both to and from all contests for which buses are provided. I hereby agree that based on my departure from this policy I agree to forever indemnify, release, and hold harmless Hopkins Academy and its employees, servants and agents from any and all actions, rights of action, causes of actions, charges, and/or claims on account of, in any way related to, arising from, and/or growing out of, directly or indirectly, all known and/or unknown personal injuries or property damage, which I, or my child, or our assignees, may now or hereafter have with reference to the above stated transportation.

Student Name: (Print) _____ Signature: _____

Parent Name: (Print) _____ Signature: _____

Principal Signature: _____ Date: _____

Athletic Director Signature: _____ Date: _____