



POINT PLEASANT BEACH HIGH SCHOOL  
Extra Curricular Activities  
 700 TRENTON AVENUE  
 PT. PLEASANT BEACH, NJ 08742  
 Phone: 732-899-1817 Fax: 732-899-5638

**ACTIVITY TRAVEL RELEASE FORM**

**DATE \_\_\_\_\_ ACTIVITY \_\_\_\_\_**

**This is to certify that I am personally transporting my son/daughter  
 \_\_\_\_\_ to and from the away events that the**

STUDENT'S NAME

**\_\_\_\_\_ participates in.**

EXTRA CURRICULAR ACTIVITY

**This will be on an event-by-event bases. I will identify myself to the moderator of the extra curricular activity prior to taking my child.**

**I understand that the Point Pleasant Beach School District Extra Curricular Rules require that students ride the buses to and from all athletic events and a departure from this requirement will release the Point Pleasant Beach School District from all liability for any adverse results that may occur.**

- ◆ **I agree to release the Point Pleasant Beach School District and its employees and officers from all liability with reference to the above-stated transportation.**
- ◆ **This form must be kept on file in the office of the Supervisor of Extra Curricular Activities.**
- ◆ **Form must have all signatures on it before the student will be released.**

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

\_\_\_\_\_  
**Supervisor of Extra Curricular Activities**

\_\_\_\_\_  
**Principal's Signature**

\_\_\_\_\_  
**Coach/Advisor Signature**