



# **West Seneca Central School District**

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Matthew Bystrak  
*Superintendent of Schools*

Marisa Fallacaro-Dougherty  
*Director of Physical Education & Athletics*

School \_\_\_\_\_

Date \_\_\_\_\_

Sport \_\_\_\_\_

Level \_\_\_\_\_

Individual Location \_\_\_\_\_

☐

All Away Locations for season

Student Athlete Name \_\_\_\_\_

Grade \_\_\_\_\_

*As the parent / guardian of the above listed student athlete, I agree to transport said student athlete to and/or from the listed athletic event. I do understand that this release form only entitles me to transport my own son/daughter.*

\_\_\_\_\_  
Print Parent / Guardian Name Transporting Athlete

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature of Parent / Guardian Name Transporting Athlete

\_\_\_\_\_  
Date