



St. Gerard Catholic High School

521 S. New Braunfels, San Antonio, Texas 78203
210.533.8061 (p) 210.533.3697 (f)

ATHLETICS TAKE-HOME TRAVEL PERMISSION SLIP

To be completed by the Parent:

Student Name _____ Team/Group _____
 Event _____ Event Location _____
 Event Date _____ Transportation By _____
 A.D. Signature _____ Date _____
 Principal Signature _____ Date _____

Complete this form and return to the coach/sponsor no later than 24 hours prior to event/game.

PERMISSION, EMERGENCY INFORMATION, LIABILITY RELEASE

To be completed by the Student's Parent/Guardian:

My son/daughter (please print) _____ has my permission to leave the above noted game/ event with the person(s) listed. I understand that should an accident or some other emergency arise, StG will not be held responsible or liable. I further understand that the teacher, coach, sponsor, employee and/or St. Gerard Catholic High School will not be held liable for any injury, accident, or medical treatment occurring during this school-sponsored activity.

Parent's Name PRINT _____
 Parent's Signature _____
 Date _____ Phone _____
 Person to be reached in case of emergency _____
 Phone _____

