

MUHLENBERG SCHOOL DISTRICT ATHLETIC DEPARTMENT



Dr. Timothy Moyer Athletic Director 400 Sharp Avenue Laureldale, PA 19605

(610) 921-8078 ext. 4 FAX: (610) 921-7922

Mrs. Lori Steiner Athletic Secretary

I give permission for my son/daughter to travel with the identified person during their interscholastic athletic event. By signing the permission slip, I relieve the coaches and the Muhlenberg School District of any liability that may occur as a result of my child not being transported by the school district transportation system.

| Athlete's Name | |
|---|--|
| Sport | Date of contest |
| Parent Signature | Todays Date |
| Name of person with whom he/she will | be traveling with |
| This form must be returned to the athle | etic director 24 hours before the date of the contest. |
| r | NO EXCEPTIONS TO THIS RULE. |
| Athletic Directors Approval | Date |

This form is only to be used for emergencies/appointments and school sponsored events.