

# TRANSPORTATION OFF-CAMPUS ACTIVITY PARENT RELEASE FORM

I, \_\_\_\_\_, wish to pick up my child,  
\_\_\_\_\_, from the following activity:

EVENT: \_\_\_\_\_

SPONSORING GROUP: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

TIME OF EVENT: \_\_\_\_\_

PLACE OF EVENT: \_\_\_\_\_

By signing this form, I assume full responsibility for my child and hereby release the Yucaipa-Calimesa Joint Unified School District and Yucaipa High School from all responsibility and liability, as it relates to my child's participation in this event, to begin when my child leaves the event in my care.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor/Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Mark Anderson

**Parent and Advisor signatures are required prior to Athletic Director giving approval.**

**YUCAIPA HIGH SCHOOL  
YUCAIPA-CALIMESA JOINT UNIFIED SCHOOL DISTRICT  
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