



Oxford High School Athletics
 61 Quaker Farms Road ~ Oxford, CT 06478
 Phone: (203) 888 – 2468 ~ Fax: (203) 881 – 5250
www.oxfordhighschool.org

**REQUEST FOR APPROVAL FOR ALTERNATIVE
 TRANSPORTATION**



I am requesting that _____ be allowed to
 travel with

Name of Athlete

_____, who is the _____
Name of Licensed Driver **Parent**

of _____ to/from _____
Player **Event**

and to/from Oxford High School on _____ because of
Date(s)

Reason

If the event takes place over a 2 day period, and the athlete does not intend on staying with the team overnight, transportation is the responsibility of the parent, and must be provided for by the parent.

I understand that Oxford High School requires student-athletes to travel on district provided transportation to and from all athletic events. In the event transportation is not provided, signing this request releases the Oxford BOE, the Town of Oxford, and its employees from all liability should any incident(s) occur. This form is to be returned to the Athletic Director or Administration prior to or on the day of the event.

 Parent/Guardian Signature

 Parent/Guardian Printed Name

 Administrator's Signature

 Administrator's Printed Name