Travel Permission Form

DATE______________________

Dear Parent and Student-Athlete,

Congratulations on qualifying to represent Section XI at the NYSPHSAA state championships. You are to be commended for the time, energy and effort that you have put into your sport.

Attached or enclosed is information concerning the time and place of competition, the mode of travel and lodging information. If an unusual circumstance arises and you are unable to compete, please notify your high school coach or athletic director as soon as possible.

The conduct of students while competing, traveling and living with other Section team members is a matter of concern. Please be advised that you are subject to all of the rules and regulations in your individual high school and the Section XI Code of Conduct.

The use of alcohol, tobacco or drugs will result in disciplinary action which includes automatic suspension from athletic competition. Delinquent conduct or the destruction of property will result in disciplinary action as well as the recovery of costs. Disciplinary action by Section XI will be in addition to actions taken by your school district.

It is required that you will travel to and from the site of athletic competition by the means provided by Section XI, otherwise you will not be permitted to compete. The only exception to this requirement will be on the return home when written notice has been provided in advance stating that you will be transported home with your parents. That notification is to be given to the sport chairperson.

PENALTIES FOR VIOLATION OF CODE OF CONDUCT

1. If a violation occurs prior to or during the contest the athlete will not be allowed to compete or continue to compete. The Section will recommend disciplinary action.
2. If a violation occurs after the competition the Section will make a recommendation for disciplinary action.
3. If the situation is warranted to be serious the parents and school will be notified. Immediate arrangements will be made to transport the athlete home.

*PARENTAL PERMISSION AND EMERGENCY CARD ON BACK MUST BE COMPLETED AND RETURNED TO SPORT COORDINATOR

Revised 9/2016
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Student Name: _________________________________

Parent Name: _________________________________

School: ______________________________________

Home Address: ______________________________________

____________________________________

Phone: Day: _________________ Night: _________________

Medical Conditions: Allergies: _________________________________________

Other: ____________________________________________________________

Two persons to contact in case of emergency other than parent or guardian:

Name: _________________________________ Phone: _________________

Name: _________________________________ Phone: _________________

Signature of Student: ___________________________________________

Signature of Parent: _____________________________________________

This form must be returned to the Sports Chairperson prior to departure for the competition.

Thank you and good luck!