



South Central Athletics



9808 S 600 W, Union Mills, IN

(219) 767-2266

Mr. Charles Wilhelm - Athletic Director

Mrs. Kelli Bennett & Mr. Douglas Nelson - Assistant Athletic Directors

BUS RELEASE FORM

Athlete's Name: _____

Coach's Name: _____

Event: _____

Date of Event: _____

Reason: _____

I wish to drive my child home from the athletic event noted above.

I understand that my child will only be released to his/her
parents/guardian.

_____ Signature of Parent/Guardian Date

_____ Signature of Coach Date

_____ Signature of Athletic Director Date