



DEMATHA CATHOLIC HIGH SCHOOL

Order of the Most Holy Trinity and of the Captives

UNITED STATES DEPARTMENT OF EDUCATION
TWICE RECOGNIZED SCHOOL OF EXCELLENCE



Athletic Department

Baseball

Basketball

Crew

*Cross
Country*

Football

Golf

Hockey

Lacrosse

Rugby

Soccer

Swimming

Tennis

*Track
Indoor
Outdoor*

Wrestling

DeMatha Transportation Verification Return trip with parents

The _____ team will travel to _____ on _____ 20____. I understand the school provides transportation but my son _____ has chosen not to return with the team.

I, (parent /guardian) _____ will be transporting _____ after the game and release DeMatha from any liability issues which may arise from the return trip.

This form must be signed and returned to the coach before your son leaves the game site.

Parent/Guardian signature

Date