

Albert Lea Area Schools

Independent School District 241

Albert Lea – Clarks Grove – Hayward – Hollandale – Manchester – Twin Lakes
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CONTEST TRAVEL RELEASE

Today's date _____

This is to certify that _____ has my permission to ride
(Student's name)

to / from (circle one or both) the _____ event on
(Activity)

_____ at _____
(Date) (Location of contest)

____ I certify that I am personally transporting the above-named student.

____ I have arranged transportation with the adult named below:

Name _____ Phone _____

E-mail _____ (for verification purposes)

Reason for not riding the bus: _____

Reason must be sufficient to justify not riding the bus

I understand that the ALBERT LEA HIGH SCHOOL ACTIVITY RULES require that students ride the buses to and from all school events and a departure from this requirement will release the ALBERT LEA SCHOOL DISTRICT from liability for any adverse results that may occur.

I AGREE TO RELEASE THE ALBERT LEA SCHOOL DISTRICT and its employees and officers from liability with reference to the above stated transportation.

This form must be on file in the Activities Office 24 hours prior to the dismissal of school on the day of the contest.

APPROVED _____

X _____
(Signature of Parent/Guardian)

NOT APPROVED _____

(Signature of Activities Director)