



**Bishop Luers High School**  
Athletic Department  
333 E Paulding Road  
Fort Wayne, In 46816  
(260) 456-1261

Transportation Release

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date of Game: \_\_\_\_\_

\_\_\_\_\_ will be transported home by a parent or legal guardian from the sport/activity listed above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_