



# Union City Area School District

105 Concord Street  
Union City, PA 16438  
Phone: (814) 438-7673  
Fax: (814) 438-8079

## **EXTRA CURRICULAR PARENT PERMISSION/RELEASE**

We, the parents/guardians of \_\_\_\_\_,  
request that this notice allow our child to be released to us, when requested, upon  
completion of away events. It is understood that all responsibility for safe transport home  
is returned to the parents/guardians. This agreement is valid for the following \_\_\_\_\_  
(Sport)  
season only, and must be updated each athletic/event season.

It is understood that a copy of this signed agreement will be on file in the MS/HS Office. In  
addition, copies will be given to both the student's parents and coach.

**THE FOLLOWING PARENTS/GUARDIANS ARE AUTHORIZED TO TAKE THEIR CHILD  
HOME FROM AWAY ATHLETIC/PERFORMANCE EVENTS DURING THE DESIGNATED  
SEASON.**

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Principal/Athletic Director**

\_\_\_\_\_  
**Date**