



ARLINGTON CENTRAL SCHOOL DISTRICT

MICHAEL G. CRING, DIRECTOR

DEPARTMENT OF INTERSCHOLASTIC ATHLETICS/PHYSICAL EDUCATION & HEALTH

1157 ROUTE 55

LAGRANGEVILLE, NY 12540

OFFICE: (845) 486-4873 FAX: (845) 350-4185

Secretary:
Maureen Mongelli

Baseball

Basketball

Bowling

Cheerleading

**Crew
(Club)**

Cross Country

Fencing

Field Hockey

Football

Golf

Intramurals

Lacrosse

Soccer

Softball

**Student Athletic
Council**

Swimming

Tennis

Track & Field

Volleyball

Wrestling



TRAVEL RELEASE FOR ATHLETICS

Sport _____

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

(to/from) the athletic contest on _____ 20_____, at
(Date)

(Location of Contest)

I certify that I am personally transporting the above name student. I understand that the Arlington Central School Athletic Rules require that the student athlete ride the bus to and from all athletic events and a departure of this requirement will release the Arlington School District from all liability for any adverse results that may occur. I agree to release the Arlington School District and its employees and officers from all liability with reference to the above stated transportation.

(Signature of Parent/Guardian or Authorized Individual)

(Signature of Coach)

(Signature of Athletic Director – required for transportation to an event only)

HOME OF THE ADMIRALS