

LIVE OAK HIGH SCHOOL ATHLETIC TRANSPORTATION ROSTER



Sport _____

Coach _____

Travel Date _____

Destination _____

****It is the responsibility of the coach to verify the identity of the person checking out the student****

If in doubt, call an administrator/AD. Signature on this form is REQUIRED for student release

	Athlete Name <i>List in alphabetical order by last name</i>	Emergency Phone	Parent/Guardian Names	Note	Signature - Left With Parent
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