



Travel Form

Principal – Dr. Kerry Rush

Assistant Principal- Andrea Childress

_____ has my permission to travel with CMS athletic teams.

I release and hold harmless the school and all sponsors of liability in connection with the trip.

If in case of an emergency, the following information is needed.

Father/Guardian Name: _____

Home address: _____

Home Phone: _____ Work: _____ Cell: _____

Mother's Name: _____

Home Address (if different) ~ _____

Home Phone: _____ Work: _____ Cell: _____

Relative or Friend who may be called if parents are not available.

Name: _____ Relationship: _____

Address: _____

Phone: _____

Medical Insurance: _____ Company Policy # _____

Doctor: _____ Phone: _____

Signature: _____

(Parent or Guardian)