



Mastery Schools
2025-2026 After-School Travel Release Form

TRIP DETAILS

School: _____ Teacher/Coach: _____
Sport: _____ Season/Date of Event: _____
Purpose of Trip: _____ Method of Transportation: _____
Cost to Student: \$ _____ (if applicable) Lunch Option: Bring Own Buy Not Needed

STUDENT INFORMATION

Student Name: _____ Grade: _____
Date of Birth: _____ Student ID#: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian (1): _____ Home Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Parent/Guardian (2): _____ Home Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

EMERGENCY CONTACT

(If the parent/guardian cannot be reached, the school will contact the individuals below.)

Name: _____ Relationship: _____ Phone: _____

PARENT/GUARDIAN CONSENT

I, the undersigned parent/guardian, give permission for my child to travel with Mastery Athletics for the above-referenced event/season. I understand that transportation will be provided by the school or an approved carrier, and I acknowledge that school personnel will supervise the trip. My child agrees to follow all school rules and behavior expectations during travel.

In case of emergency requiring medical treatment, every effort will be made to reach a listed emergency contact. If none can be reached, I authorize school personnel to consent to medical treatment as deemed necessary by emergency responders.

Parent/Guardian Print: _____

Parent/Guardian Signature: _____ **Date:** _____

