

Park Hill School District Parent/Guardian Transportation Permission Form

On behalf of the Athletic Department, it is the expectation when transportation is provided for an athletic event, all student athletes will take advantage of transportation provided to and/or from an athletic event. In the event a parent/guardian is requesting to transport their child to and/or from an athletic event when transportation is being provided, this form must be completed and returned to the coach two school days prior to the event for school approval.

School: \_\_\_\_\_

Sport: \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_

Level: MS \_\_\_\_\_ JV \_\_\_\_\_ Varsity \_\_\_\_\_

Event: \_\_\_\_\_ Date(s): \_\_\_\_\_

Location(s): \_\_\_\_\_

Parent/Guardian Transporting Student Athlete: To \_\_\_\_\_ From \_\_\_\_\_ To and From \_\_\_\_\_

Student Athlete Name \_\_\_\_\_ Student Grade \_\_\_\_\_

As the parent/guardian of the above listed student athlete, I agree to transport said student athlete to and/or from the listed athletic event. I understand that the district offers transportation and that I am opting out of that transportation. I do understand that this form only entitles me to transport my own son/daughter. I will not transport any student athlete other than my own child.

I further understand and agree that by signing this form, I am releasing the district and its agents from any and all liability arising out of or associated with transporting my child to district athletic events.

\_\_\_\_\_  
Print Parent/Guardian Name Transporting Student Athlete

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature of Parent/Guardian Transporting Student Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Head Coach

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Athletic Director

\_\_\_\_\_  
Date