

**MISSISSINAWA VALLEY JH/HS ATHLETIC
TRANSPORTATION WAIVER**

Student Name: _____

Parent/Guardian Name: _____

Activity/Sport: _____

Today's Date: _____

I am asking permission to transport my child in my personal vehicle on (date) _____

for the following reason: _____

I am aware that I am accepting full responsibility/liability for the safety of the student.

Parent/Guardian Signature:

Date

Coach Signature:

Date

The parent/guardian must sign before presenting to the coach. The student-athlete is then responsible for returning the form to the athletic director prior to the date of the contest once the coach has approved.