

WAUSEON ATHLETIC DEPARTMENT ALTERNATIVE TRANSPORTATION FORM

Athlete: _____

Contest Date: _____

It is the responsibility of the Board of Education to provide for safe transportation to and from athletic events. I acknowledge that while traveling on Board approved transportation, my child is covered by the OHSAA Catastrophe Accident Insurance Policy and by transporting my child on my own I waive that coverage. I release the Wauseon Exempted Village Schools from any liability and I take full custody of my child to ensure the safe travel to and from the athletic event.

Parent/Guardian Signature: _____

Date: _____

** **This form shall be turned in to the coach PRIOR to the event.** If presented after the event, the coach is not required to grant permission for travel in non-Board approved transportation.

