



## **El Sobrante Christian School Permission to Transport Authorization**

My son/daughter, \_\_\_\_\_, has my permission to participate in El Sobrante Christian School sporting events and the necessary transportation to and/or from any off campus practices or games during the 2016-2017 school year. I understand that transportation to and from games will be by the van or cars. I understand that drivers of these vehicles will have a current Background Screening and will have submitted the required Vehicle Liability

In case of an accident or emergency, I authorize El Sobrante Christian School to seek medical, surgical, or hospital attention for my child. It is understood that every attempt will be made to contact me before taking these actions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Athlete Name: \_\_\_\_\_