

Student's Name _____

8660 F2

PARENTAL CONSENT FOR TRANSPORTATION BY PRIVATE VEHICLE

I have reviewed the following information and consent to my child being transported by private vehicle for this purpose.

Purpose of the Trip(s) } ATHLETIC EVENT FOR 2016-17 SEASON

Date(s) of the Trip(s) _____

Time of Departure N/A Time of Return to School N/A

Owner of the Vehicle _____

Driver of the Vehicle } ANY APPROVED DRIVER

Description of the Vehicle _____

Amount of Liability Insurance on the Vehicle \$ N/A

The school verifies that the driver has a valid operator's license, the vehicle is in proper operating condition, and a safety belt will be available for your child.

* _____
Parent Signature

* _____
Date

PLEASE FILL OUT THIS FORM AND RETURN IT TO ATHLETIC DIRECTOR. THIS FORM GIVES YOUR APPROVAL FOR YOUR SON OR DAUGHTER TO RIDE BACK FROM CONTESTS WITH APPROVED DRIVER.