

Student Athlete Transportation Permission Slip

Student-Athlete Riding with Student-Athlete

I give my permission to	to (name of driver)
transport my child	
(name of child or children) to, from	and during these practices, activities, meeting
and/or athletic seasons listed below	(please list as much detail as possible).
During these activities I may be reached	ed at:
Home Phone #	Mobile Phone #
If I cannot be reached in the event of an emy behalf:	emergency, the following person is authorized to act o
Name	Phone
Relationship	
Signature of Parent/Legal Guardian	Date