

PERMISSION FOR ATHLETE TO BE  
TRANSPORTED TO AN AWAY GAME BY  
ANOTHER PARENT

I understand that \_\_\_\_\_ my be  
Athletes' Name

transported to an away game by another approved licensed/insured driver. I understand that the coach will make every effort to notify me prior to the game of whom my child will be riding with.

I give my permission for the coach/athletic director to make this decision.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number