Park Hill School District Parent/Guardian Transportation Permission Form

On behalf of the Athletic Department, it is the expectation when transportation is provided for an athletic event, all student athletes will take advantage of transportation provided to and/or from an athletic event. In the event a parent/guardian is requesting to transport their child to and/or from an athletic event when transportation is being provided, this form must be completed and returned to the coach two school days prior to the event for school approval.

School: **Lakeview Middle School**

Sport: **Track**   Boys _____ Girls _____

Level: **Middle School**

Event: **MS Track Meet**

Parent/Guardian: Please check any meets you will be transporting the student athlete.

Date(s):	Location(s)	To:	From:
4/5	Ray-Pec East Middle School		
4/7	Ray-Pec South Middle School		
4/12	Raytown Middle School		
4/13	Staley High School		
4/21	South Valley Middle School		
4/25	Northgate Middle School		
4/26	Heritage Middle School		

As the parent/guardian of the above listed student athlete, I agree to transport said student athlete to and/or from the listed athletic event. I understand that the district offers transportation and that I am opting out of that transportation. I do understand that this form only entitles me to transport my own son/daughter. I will not transport any student athlete other than my own child.

I further understand and agree that by signing this form, I am releasing the district and its agents from any and all liability arising out of or associated with transporting my child to district athletic events.

_____   _____

Print Student Athlete Name   **Print Grade Level (7th or 8th)**

_____   _____

Print Mother/Guardian Name Transporting Student Athlete   **Relationship**

_____   _____

Print Father/Guardian Name Transporting Student Athlete   **Relationship**

_____   _____   _____

Signature of Mother/Guardian Transporting Student Athlete   **Date**   **Phone Number**

_____   _____   _____

Signature of Father/Guardian Transporting Student Athlete   **Date**   **Phone Number**

_____   _____

Signature of Head Coach   **Date**

_____   _____

Signature of School Athletic Director   **Date**