

REQUEST FOR ALTERNATE TRANSPORTATION

Name of Student: _____
Sport or Activity: _____
Date of Event: _____

I request that my child (named above) not be required to ride on the team bus/van:

- _____ To the event
- _____ On return from the event
- _____ Both to and from the event

The reason(s) for my request is/are: _____

The alternate transportation will be (name of person who will be driving the student): _____

I agree that if this request is granted, the school and school officials will have no liability or responsibility for injury or damage that may occur related to the alternate transportation.

Date: _____

(Signature of Parent/Guardian)

The request is: ___ approved ___ denied.

Date: _____

(Signature of Activity Director, Head Coach or Sponsor)

This form should be given to the Activity Director, Head Coach or Sponsor
NO LATER THAN 1 DAY
prior to the event whenever possible.