



Parent/Guardian Extracurricular Athletic Transportation Form

School Year: _____

Extracurricular Sport: (Circle those student wishes to participate)

Baseball/Softball

Football

Swim/Dive

Volleyball*

Basketball*

Golf

Tennis

Wrestling

Bowling

Gymnastics

Track/Field*

HS Sport Offered

Cross Country

Soccer*

Ultimate Frisbee*

*MS Sport Offered

I am the parent or guardian of the student identified below. I wish for my student to participate in the elective extracurricular athletic program identified above.

I understand that practices or competitions for this elective athletic program may be conducted at a location away from my student's campus. I understand that in certain circumstances the District may provide transportation to and/or from such practices or competitions. In requesting that my student be permitted to participate in this elective athletic program, I agree that my student will ride in District-provided transportation when the District requires my student to do so. Exceptions will be allowed only for bona fide academic reasons (e.g. sixth period quiz), with my advance written authorization.

I further understand that in certain circumstances the District may not provide transportation for such practices or competitions. In requesting that my student be permitted to participate in this elective athletic activity, I agree that in those circumstances where the District will not provide transportation to such practices or competitions, I assume full responsibility for personally transporting my student, or for arranging transportation of my student, to and from such practices or competitions.

I acknowledge that if I elect not to personally drive my student to and from a practice for which the District does not provide transportation, any decision I may make to instead to allow my student to drive him or herself, or to ride in a vehicle driven by the parent or guardian of another student participant, or to ride in a vehicle driven by another student participant, is solely an exercise of my discretion as parent or guardian. I acknowledge that the assessment and decision whether it is safe to allow my student to drive to or from a particular practice, or to ride with another parent or guardian or student driving, is a family assessment and decision to be made by me or between me and my student.

By requesting permission for my student to participate in this elective athletic program, I agree that no person driving my student to and from an athletic practice for which the District is not providing transportation shall be considered an agent or servant of the District, in any respect or for any purpose, while driving my student to or from such a practice. Further, by requesting permission for my student to participate in this elective athletic program, I agree that should any claim be made against the District based on the driving conduct of any such person while that person is providing transportation for my student, I will defend, indemnify, and hold the District harmless as to such claim.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

Student-Athlete PRINT Name

Parent/Guardian PRINT Name



Parent/Guardian SIGNATURE

Date