

Bishop Sullivan Catholic HS - Transportation Release Form

Specific Game: _____
Location: _____

OR

All Games of the Season () yes () no

I give permission for my child, _____, to:

_____ Drive him/herself TO this game.

_____ Drive him/herself FROM this game.

_____ Drive him/herself and teammate(s) TO/FROM this game:

_____ (number of teammates)

_____ (specify teammates)

_____ (specify teammates)

_____ (specify teammates)

_____ Ride with teammate(s) TO/FROM this game:

_____ (parents)

_____ (specify teammates)

_____ (specify teammates)

NOTES/COMMENTS: _____

Signature: _____

Print Name: _____

Date: _____