



CHALLENGER Athletics

Permission to Drive Form

This is to be completed only for those students who currently possess a valid driver's license.

| | (student's full name) has permission to drive to |
|---------------------------------------|--|
| athletic practice using ONLY his/his | OWN car. I understand that he/she shall NOT |
| transport any other student in the v | ehicle (Sibling is the only exception). I understand |
| that he/she MUST arrive to practice | on time. If my students fails to abide by this |
| policy, I understand that he/she will | lose driving privileges for the season. |

This form is to permit licensed drivers to take THEMSELVES to/from practice.

All players MUST ride the bus with the team for HOME and AWAY games.

| Parent/Guardian Signature | Date |
|---------------------------|------|
| Student Athlete Signature | Date |
| Coach Signature | Date |
| Administration Signature | Date |