



Kennewick School District Summer Athletic Program

I recognize that as a part of being a member of the Kennewick School District summer athletic program that my son/daughter will be participating in overnight trips and/or events outside the Tri Cities that will be supervised by Kennewick School District personnel as well as district approved volunteers. Furthermore, I understand that it is my responsibility to secure transportation for my son/daughter to all summer events. This includes, but is not limited to, district approved volunteers, parents, students driving themselves, and students riding with other students. My signature below confirms my understanding of transportation responsibilities and potential options.

Son/Daughter Name _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date _____

Phone Number _____