

Student Name: _____

Litchfield Elementary School District #79
Middle School Interscholastic Athletics Program



Student-Athlete Form 2022-23

Parent/Guardian Authorization to Transport Student-Athlete to Interscholastic Sports

I understand as the parent/guardian of a student-athlete participating in Interscholastic Sports within the Litchfield Elementary School District #79 ("District") that I am choosing to be responsible for providing transportation to the host school for my student-athlete before each game and picking them up immediately upon the game's conclusion. If I am unable to personally provide transportation for my student-athlete, I must coordinate transportation with an authorized driver listed below. If I am unable to coordinate transportation, it may result in my student-athlete being removed from the team.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the District, the District's insurers, the District's governing board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to my student-athlete being transported to or from Interscholastic Sports. I further accept and assume the risk and full responsibility for injury, illness, death, or other damages, and medical or other expenses resulting from my student-athlete being transported to or from Interscholastic Sports.

I have read the above responsibilities and agree that my student-athlete will be picked up promptly after school to attend each game and after each game's conclusion. I authorize the Released Parties to release my student-athlete to the individuals listed below until I revoke consent in writing. I attest that each of the individuals listed below has a valid driver's license, that the vehicle being driven is covered by liability insurance that meets at least the minimum requirements under Arizona law, and that the driver is authorized to transport my student-athlete under all applicable laws.

If I cannot provide transportation to or from a game, the following individual(s) have permission to give my student-athlete a ride to and/or from any game:

1) Authorized Driver Name: _____

Authorized Driver Contact Information:

Relationship to Student-Athlete: _____

Name of Authorized Driver's student-athlete (teammate) (if applicable):

2) Authorized Driver Name:

Authorized Driver Contact Information:

_ Relationship to Student-Athlete: _____

Name of Authorized Driver's student-athlete (teammate) (if applicable):

3) Authorized Driver Name:

Authorized Driver Contact Information:

_ Relationship to Student-Athlete: _____

Name of Authorized Driver's student-athlete (teammate) (if applicable):

By signing below, I confirm that I have read, understand and accept the terms listed above and understand it is my responsibility to pick-up or coordinate the pick-up of my student-athlete before and after each game.

Student-Athlete Name: _____

Parent/Guardian Signature: _____ **Date:** _____