

Isbell Middle School

221 S. 4th Street • Santa Paula, CA 93060

Phone • (805) 933-8880

Isbell
Athletics



Date of Away Game: _____

Athletes Name: _____

Away Game Location: _____

I, _____, Parent/Guardian of
(Please Print Name)

_____ will be taking responsibility for the
(Student Athlete Name)

above athletes transportation after today's away game only.

(Parent Signature)

(Date)

(Coaches Signature for approval)

(Parent Transportation Consent Forms are to be turned in to the head coach in advance. They are due no later than the scheduled departure time for that contest. Failure to do so will result in student athlete remaining with the team the entire time. NO EXCEPTIONS). Thank You For your Cooperation.