



APS ATHLETIC DEPARTMENT

PARENT/GUARDIAN TRANSPORTATION RELEASE FORM

On behalf of the Athletic Department, it is the expectation when transportation is provided for an athletic event, all student athletes will take advantage of transportation provided to and/or from an athletic event. In the event a parent/guardian is requesting to transport their child to and/or from an athletic event when transportation is being provided this form must be completed and returned to the coach two school days prior to the event for school approval.

School _____

Sport _____

Boys Girls

Level MS C-Team JV Varsity

Event _____

Date(s) _____

Location(s) _____

Parent/Guardian Transporting Student Athlete

To From To and From

Student Athlete Name _____ Student Grade _____

As the parent/guardian of the above listed student athlete, I agree to transport said student athlete to and/or from the listed athletic event. I do understand that this release form only entitles me to transport my own son/daughter. I will not transport any student athlete other than my own child.

Print Parent/Guardian Name Transporting Student Athlete

Relationship

Signature of Parent/Guardian Transporting Student Athlete

Date

Phone Number

Signature of Head Coach

Date

Signature of School Athletic Director

Date