CAVELERO MID HIGH SCHOOL

Athletic Ride Home Authorization Form

Student Name: _____ Grade: _____

Sport: _____

The following person(s) have my permission to provide transportation for my son/daughter after school activities conducted away from the Cavelero campus:

Name: _____ Phone: _____
Relationship: _____

Name: _____ Phone: _____
Relationship: _____

Name: _____ Phone: _____
Relationship: _____

Name: _____ Phone: _____
Relationship: _____

This authorization remains in effect for the sport season listed above.

Parent/Guardian Signature: _____ Date: _____