

WALT DAVENPORT — SUPERINTENDENT

ADMINISTRATION OFFICE
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walt.davenport@district6.org



Permission for Transportation in a Privately-owned Vehicle

Student Name _____

Grade _____ ID# _____

Sport _____ Coach _____

I, as parent/guardian, will arrange transportation for my student in a private vehicle driven by someone other than myself. The following individual(s) may transport my student to/from any athletic events for the given season:

Name of Driver(s): _____

I give permission for my son/daughter to be transported in a private vehicle for the above mentioned athletics season. In the event of an accident or medical injury, I acknowledge and agree that my insurance is primary for taking care of any incident that may occur. I further agree, on behalf of myself and my student named above, to indemnify and hold the Central Point School District free and harmless from and against any claim which I, any other parent or guardian of the student(s) identified above, or any other person or entity may have or claim to have for any losses, damages or injuries to my student(s) and/or their personal property arising, directly or indirectly, in connection with traveling to and from the athletic event/contest. This release is intended to be interpreted and enforced to the maximum extent permitted by Oregon law.

Parent/Legal guardian signature _____

Print name _____ Date _____

In the event of an emergency, the best contact information is:

Name of Person _____ Phone # _____

Name of Person _____ Phone # _____

Must be completed for each sports season. Turn in to the Athletic Department in your school.