



BLIND BROOK TROJANS
ATHLETIC DEPARTMENT



840 KING STREET
RYE BROOK, NY 10573 - 1105
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Dr. Colin Byrne
Superintendent of Schools

Kimberly Saxton
Director of Athletics

ATHLETIC TRANSPORTATION WAIVER FORM

Parents wishing to provide their transportation for their child from an away contest must complete the form below:

Child's Name _____ Sport _____

Reason for request: _____

Parents wishing to have another adult provide transportation for their child from an away contest must complete the form below:

Child's Name _____ Sport _____

I, _____ will allow Mr./Mrs. _____ (**Name of Adult Providing Transportation**) to transport my son/daughter to/from my child's athletic contest on _____

Date

Reason for request: _____

I accept fully the responsibility for my child's well-being while providing such transportation.

PARENT'S SIGNATURE

TODAY'S DATE

ATHLETIC DIRECTOR

TODAY'S DATE

Approved _____ Denied _____