

Desert Mirage High School

PARENTAL REQUEST TO PICK UP STUDENT FROM ATHLETIC TRIPS/ACTIVITIES

Name of School Principal:

School Name: Desert Mirage High School Year: 2024-25

Coach/Advisor's Name:

PARENTAL REQUEST TO PICK UP STUDENT FROM ATHLETIC TRIPS/ACTIVITIES  
CONSENTIMIENTO PARA RECOGER AL ALUMNO DEL EXCURSION/ACTIVIDAD ESCOLAR

I, , parent of the following student do hereby request permission to pick up my child from the following athletic/activity trip. Once I pick up my son/daughter I will take full responsibility for his/her safety and welfare.

Reason for picking up child:

Name of student: (Nombre del Estudiante)

Event/Activity: (Excursion/Actividad)

Date of event/activity: (Fecha de la Excursion/Actividad)

I/We hereby waive all claims against the Coachella Valley Unified School District &/or the State of California for injury, accident, illness or death occurring during or by reason of the athletic trip/activity.

Yo/Nosotros renuncio (Ciamos) a culaquier demanda en contra el Distrito Escolar de Calexico y/o del Estado de California, de danos o muerte que ocurdurante o por causa de la excursion/actividad escolar.

(Signature of Parents/Legal Guardian)  
(Firma de Padres/Tutor Legal)

(Date/Fecha)

(Printed Name of Parents/Legal Guardian)  
(Imprima Nombre de Padres/Tutor Legal)

(Telephone/Telefono)

ADMIN SIGNATURE:

\*\*\*Give this completed document to AD 24 hours in advance of game  
Questions, call: Coach or athletic director in charge

Parental request for 1 game-Date:

Parental Request for the season: