

PENN'S GROVE ATHLETIC DEPARTMENT

Request For Alternate Transportation

(All requests must be received in advance and must be signed by the coach)

Student's Name: _____

This is to request that _____ is permitted to ride _____ to _____ from the
Student's Name

_____ at _____ on _____.
Name of Event Location Date

He/She will be transported by _____.
Name of Adult Providing Transportation

I understand that it is the policy of the athletic department to have students ride to and from away contests on the team bus. I further understand that by allowing this student to be transported by another person, I am assuming all responsibility for their safety and absolving the Oxford Area School District of any damage to the vehicle or injuries that may occur as the result of an accident.

Parent/Guardian Signature

Date

Parent/Guardian Phone Number

Coach's Signature

Date