

ALTERNATE TRANSPORTATION FORM

This form is to be completed 24 hours prior to the scheduled event and returned to the HEAD COACH when completed. In case of an emergency please call the MAIN OFFICE.

COMPLETE ALL SIGNATURES BEFORE TURNING THIS IN TO YOUR COACH.

I wish to take my child _____ home from the scheduled
(CHILDS NAME)

athletic event because

Coach _____ Date _____

I am accepting full responsibility for the transportation of my child.

1 - Parent Signature _____

2 - Principal's OR - Athletic Director's Signature _____

Return to the HEAD COACH 24 hours before the date needed