



CENTRAL CONSOLIDATED SCHOOL DISTRICT

PARENT/GUARDIAN TRANSPORTATION FORM

Date: _____

Date of Athletic Event: _____

Event Location and Time Student is required by Coach to report to Event:

This form must be completed and in possession of the head coach no later than one business day prior to the above-described event. The original form will be filed in the athletic directors' office. Please be advised that if your student does not report to the Event at the reporting time specified above that your student's playing time could be affected.

I, _____ request permission to transport my son/daughter
_____ using our private vehicle instead of district transportation. I agree
to the following:

1. my child will only be transported by a parent or legal guardian and will not be transported by anyone else;
2. my child will arrive at the event at the time required by the Coach to Report to the Event;
3. Return equipment and/or uniform at the end of the Event if my student's coach requires equipment/uniform be returned;
4. I am responsible for the transportation of my student and by student's safety and welfare to and from this event; and
5. CCSD is not responsible for the transportation of my student or the student's safety and welfare during the transportation of my student to and from this Event.

Guardian Signature) (Date) (Parent or Legal

Signature) (Date) (Head Coach

Principal/Athletic Director Signature) (Date) (Assistant