

## Athletic Transportation Permission Form

I \_\_\_\_\_ as parent/legal guardian of \_\_\_\_\_,  
(Print Parent/Guardian Name) (Print Student's Name)

Authorize my student-athlete the following modes of transportation to/from practices and athletic contests.

My student may: *(check all that apply)*

Drive his/her self \_\_\_\_\_ Ride with an Adult \_\_\_\_\_ Ride with another student \_\_\_\_\_

Ride with a specified adult(s) \_\_\_\_\_  
(Print authorized adult drivers name(s))

Ride with a specified student(s) \_\_\_\_\_  
(Print authorized student drivers name(s))

I am aware that when I am at a school-sponsored athletic event or practice, I am under the jurisdiction and supervision of the school-employed coach (es) and that my behavior must conform to the *Student-Athlete Contract*, the school's Student Handbook, the AAHSNC Athletic Handbook, and reasonable instructions from the coach(es). I am considered a representative of Apprentice Academy, I understand I will be subject to appropriate disciplinary action for violations of these rules and regulations.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

In the event of an emergency, I authorize \_\_\_\_\_,  
to receive emergency medical treatment. (Print Student's Name)

**In an emergency, please contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date