



SPORTS TRANSPORTATION INFORMATION

Athlete's Name: _____ Grade: _____

Sport: _____

Parent's Name: _____ Phone No.: _____

Email address: _____

During the above sports season, ordinarily my child will be transported to the games by:

_____ myself, or

_____ Phone No.: _____ Cell No.: _____
Name

_____ Phone No.: _____ Cell No.: _____
Name

_____ any available spot on another vehicle

After each game, ordinarily my child will be picked up by

_____ myself, or

_____ Phone No.: _____ Cell No.: _____
Name

_____ Phone No.: _____ Cell No.: _____
Name

_____ any available spot on another vehicle

If there is a change, I will send a written note to the Head Coach and Mr. Longoria.

All drivers are to have proof of insurance and a copy of a valid driver's license on file in the school office. All children are to have their own individual seat belts and must be belted in their seats. Drivers are not to take or make any unscheduled stops (i.e. for food, etc.) Drivers are responsible for the children assigned to their vehicles throughout the trip. No child is to be left alone or allowed to go off alone. Vehicle assignments are not changed without Mr. Longoria's permission.

I herewith release St. Anne Catholic School from liability and from any and all claims against school authorities, individually or collectively from any injuries which might be received during the Sports Trip, either at the destination or in traveling to or from said destination.

Parent's Signature

Date