

False River Academy Athletic Transportation PARENT/GUARDIAN CONSENT FORM

All athletic games, practices or events involving athletes are run under the guidance of the Athletic Director, Varsity Coaches, Junior Varsity Coaches and Volunteer Middle School Coaches.

Please complete the following, sign and return to:

_____ (Head Coach of Sport in Season)

Date: _____

Name of Child _____ **Date of Birth** _____

Parent/ Guardian _____

Address: _____

Phone (home): _____ **(cell):** _____

____ I **give** permission for _____ to ride with approved driver for the above events.

____ I **do not** give permission for _____ to ride with any approved driver for the above events.

____ I can drive to any contests, practices or games and have submitted my driver's license and insurance card to the Head Coach.

Emergency contact details: (If different from above)

Name: _____ Telephone no: _____

Relationship to child: _____

CONSENT (please read carefully)

I agree to my son/daughter taking part in the Athletic activities of the school.

- a) I consent to my son/daughter traveling by any form of public transportation, bus, minibus, van, or motor vehicle driven by a school coach or any other parent attending, to any event in which the school is participating.
- b) I understand that the School or Organizers accept no responsibility for loss, damage or injury caused by or during attendance on any of the schools organized activities except where such loss, damage or injury can be shown to result directly from the negligence of the School or the Organizers.

Signed: _____ (Parent/ Guardian)

Date: _____