## Parent/Guardian High School Extracurricular Athletic Practice Transportation Form



Name of Student (Please Print)

Name of Parent/Guardian (Please Print)

Extracurricular sport in which Student wishes to participate

School year

I am the parent or guardian of the student identified above. I wish for my student to participate in the elective extracurricular athletic program identified above.

I understand that practices for this elective athletic program may be conducted at a location away from my student's campus. I understand that in certain circumstances the School District may provide transportation to and/or from such practices. In requesting that my student be permitted to participate in this elective athletic program, I agree that my student will ride in District-provided transportation when the District requires my student to do so.

I further understand that in certain circumstances the School District may not provide transportation for such practices. In requesting that my student be permitted to participate in this elective athletic activity, I agree that in those circumstances where the District will not provide transportation to such practices, I assume full responsibility for personally transporting my student, or for arranging transportation of my student, to and from such practices.

I acknowledge that if I elect not to personally drive my student to and from a practice for which the District does not provide transportation, any decision I may make to instead to allow my student to drive him or herself, or to ride in a vehicle driven by the parent or guardian of another student participant, or to ride in a vehicle driven by another student participant, is solely an exercise of my discretion as a parent or guardian. I acknowledge that the assessment and decision whether it is safe to allow my student to drive to or from a particular practice, or to ride with another parent or guardian or student driving, is a family assessment and decision to made by me or between me and my student.

By requesting permission for my student to participate in this elective athletic program, I agree that no person driving my student to or from an athletic practice for which the School District is not providing transportation shall be considered an agent or servant of the School District, in any respect or for any purpose, while driving my student to or from such a practice. Further by requesting permission for my student to participate in this elective athletic program, I agree that should any claim be made against the School District based on the driving conduct of any such person while that person is providing transportation for my student, I will defend, indemnify, and hold the School District harmless as to such claim.

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Parent/Guardian Signature

Date Signed

 Signed Original:
 To be filed with principal/designee prior to start of practices for activity

 Copy:
 Coach/Advisor