Howell Highlanders Parent/Guardian Transportation Authorization

Student Athlete Name:		
Parent/Guardian Name:		\ 신 /
Sport:	Level:	/ թ. կ
Head Coach:		
My son/daughter has my permission to	o travel in a private vehicle	driven by
(Name of Parent/Guardian or adult driver)	from	on
(Name of Parent/Guardian or adult driver)	(Site of Competit	ion) (Date)
I understand the following:		
Student athletes must ride the b		
Student athletes may ride home	e with a parent, guardian or	designated ADULT driver listed
above. No student may drive on any tr HPS does not carry insurance t This form must be signed by	rip.	
HPS does not carry insurance t	-	hicle or my son/daughter.
		etic director and received by the
coach prior to the departure of the t		
and equipment are typically collected. in all equipment and uniforms following	Your child will be expected	
I will not hold Howell Public Schools	or any school personnel lia	ble for accident or injury on the trip.
Parent or Guardian Signature		_ Date
AD or Administrator Signature		_ Date

This form must be turned in to the athletic office by 7:30 AM the day of the contest listed above. The signed form may also be emailed to the athletic office at athleticdepartment@HowellSchools.com. The athletic director or administrator will not sign the form unless it has already been signed by the parent.