

Bishop Amat Memorial High School

14301 Fairgrove Ave., La Puente, CA 91746

Athletic Office: 626-962-2495 Ext. 7412 / FAX 626-480-7441 /Email Afranco@bishopamat.org

Athletics Transportation Release Form **Must turn in one per event 1 week prior to event** **to the athletic office**

Level:

Sport/Event: _____ **Location:** _____ **Date:** _____

PLEASE CHOOSE 1 OPTION ONLY:

1. I will personally transport and/or pick up my son/daughter from Bishop Amat or Event listed above. I hereby release Bishop Amat High School of any liability.

Parent's Name

Print students name

Parent's Signature

2. I hereby give permission for my son/daughter to ride in the car of an approved volunteer parent driver (driver's license and current insurance card on file with the athletic office) to and/or from the event. I hereby release Bishop Amat High School of any liability.

Parent's Name

Print students name

Parent's Signature

Volunteer Parent Driver Name

3. I hereby give permission for my son/daughter to drive himself to and/or from the event. **Students may not drive other students.** I hereby release Bishop Amat High School of any liability.

Parent's Name

Print students name

Parent's Signature

4. I hereby give permission for my son/daughter to ride in the coach's personal vehicle (minimum of two students in the vehicle) to and/or from the event. I hereby release Bishop Amat High School of any liability.

Parent's Name

Print students name

Parent's Signature