

ALTERNATE TRANSPORTATION WAIVER

Student Name: _____ Activity: _____

My child will not be riding the bus/van with their activity group on _____ because he/she will be:
(date or dates)

_____ 1. Riding home with his/her parent/guardian.

_____ 2. Driving to and from practice.

Parent/Guardian Signature

Date

Coach/Advisor Signature

Date

This form must be submitted to the Coach/Advisor prior to the student leaving the event with his/her parent/guardian.

----- (Detach) -----

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