

Clover Garden Athletic Department

Transportation Liability Form

2018-2019

Parents must sign off and/or update the form as needed throughout the school year. This form will be used for carpooling to and from practices and/or games when a CGS bus is unavailable. This is needed for ALL athletes, even if they do not drive. Please make sure you sign off on one of the four options below.

1. **Student-Athletes Driving to local practices and games**

I hereby request that my child, _____ be allowed to DRIVE his/her personal vehicle to _____.
In seeking this permission, I hereby release Clover Garden School, Clover Garden School, Inc. and the Clover Garden Athletic Department from all liabilities with the school and its entities approving this request.

Parent Signature _____ Date _____

2. **Student-Athletes Riding to local practices and games with student drivers or coaches**

I hereby request that my child, be allowed to RIDE with another student driver or coach (specific names) _____
In his/her personal vehicle to _____.
In seeking this permission, I hereby release Clover Garden School, Clover Garden School, Inc. and the Clover Garden Athletic Department from all liabilities with the school and its entities approving this request.

Parent Signature _____ Date _____

3. **Details of Method of Transportation that your student will have leaving Clover Garden School or at the conclusion of the practice or game.**

Be specific in who you allow to take your child to and from practices or games outside of a coach or a student driver in #2 above. Examples include bus only, name of specific parent, name of sibling or anyone outside of the parent or guardian of your child.

Parent Signature _____ Date _____

4. **Other Parent Request or specific information needed for transportation**

Parent Signature _____ Date _____

NOTE: This statement should be on file in the Athletic Director's office and is valid for one school year only.