

**ATHLETIC / ACTIVITIES**

**ALTERNATIVE TRANSPORTATION REQUEST**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to drive to and from practice, events and activities

 (Print Name of Student)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print Parent /Guardian Name) (Parent Signature)

This request is for:

 (List specific practices, event, dates, or activities)

**Please return completed form to your coach or advisor.**

***I will assume all responsibility and will not hold Mounds View Public Schools liable for any accident or injury that may occur while my child uses alternative transportation.***