



SPORTS DRIVING/RIDING PERMISSION

Name of person completing this form: _____

Choose one:

- Driving Permission
 Riding Permission

Today's Date	
Name of Student Driver	
Name(s) of Rider(s)	

Date of Trip	
Time of Trip	
Purpose of Trip	

I, _____ will assume full responsibility
(Parent/Guardian)

and liability for the student(s) listed above during the specified time(s). I understand that the student should use the same transportation method upon leaving the event (unless prior arrangements have been made with the Head of Upper School).

Parent/Guardian signature of approval

Date

Student signature

Date

Insurance Information (Company, Policy #, Expiration date) (if driving): _____

___ Please initial if this permission is valid for the entire _____ season