

ALTERNATE TRANSPORTATION FORM

BOTH THE ATHLETE'S PARENT/GUARDIAN **AND** THE ADULT DRIVER THAT IS TRANSPORTING THE ATHLETE ARE REQUIRED TO SUBMIT AN ALTERNATE TRANSPORTATION FORM. IT DOES NOT NEED TO BE COMPLETED ON THE SAME FORM AND EACH PERSON CAN COMPLETE THEIR OWN SEPARATE FORM AND SUBMIT IT TO THE ATHLETIC DIRECTOR FOR APPROVAL. PLEASE COMPLETE THIS FORM AND RETURN IT VIA FAX, EMAIL OR IN PERSON TO THE ATHLETIC OFFICE:

FAX: (716) 407-9063 (No cover page is necessary)

EMAIL: sevans@clarenceschools.org

TO: ATHLETIC DIRECTOR

ATHLETE'S NAME:

SPORT:

LEVEL: Varsity JV Freshman Modified B

COACH'S NAME:

My child cannot take the team bus after their game on (date)_____ for the following reason:

_____.

I have spoken to and I am authorizing _____, who is an adult licensed driver, to transport my child: to their home, to the school, to our home, (specify other location)_____.

PARENT/GUARDIAN'S PRINTED NAME

CELL PHONE and/or HOME PHONE

PARENT/GUARDIAN'S SIGNATURE

DATE

PART 1:
TO BE COMPLETED BY THE
PARENT/GUARDIAN OF THE ATHLETE:

I have spoken to the parent/guardian of the child I am transporting and I accept full responsibility for transporting this child to the following location: my home, to the school, to their home,

(specify other location)_____.

The parent/guardian is fully aware that I will be transporting their child after the game. I am a licensed driver.

PRINT DRIVER'S NAME

CELL PHONE and/or HOME PHONE

DRIVER'S SIGNATURE

DATE

PART 2:
TO BE COMPLETED BY THE PERSON
TRANSPORTING THE ATHLETE:

APPROVED DENIED ATHLETIC DIRECTOR: _____ DATE: _____