



TRAVEL PERMISSION for SPORTS

Student Name: _____ Grade: _____

My child has permission to travel in any of the following arrangements (initial all that apply):

_____ My child has permission to ride in a school-furnished bus/van to the sporting event.

_____ My child has permission to ride in a vehicle driven by another SJECS parent after a sporting event. After an SJECS sponsored sporting event, my child has permission to be transported by the following individuals (please print below):

_____ parent(s) of _____

_____ parent(s) of _____

_____ parent(s) of _____

I agree to waive, release, absolve, indemnify, and hold harmless St. John the Evangelist Catholic School, its representatives, coaches, athletic director, administrators and persons or parents from any and all claims arising out of, or relating to, the transportation of my child to or from a SJECS sanctioned event. In the event of an injury suffered during the transportation to and from the SJECS sanctioned event, I agree to look solely to the insurance carrier providing insurance on the transporting vehicle for compensation. By signing and dating the line below, you agree to all of the above information.

PARENT/GUARDIAN NAME (PRINTED)

PARENT/GUARDIAN NAME SIGNATURE

EMERGENCY CONTACT NUMBER

DATE

ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED. NO FAXED OR ELECTRONICALLY RECEIVED PERMISSION SLIPS WILL BE ACCEPTED.