Sturgis Public Charter School

Athletic Department

Student waiver to drive to and from practices and games

RETURN TO ATHLETIC OFFICE

For the Parent

I allow my Son / Daughter to use their own vehicle to transport themselves to practice / games during the following seasons.

☐ Fall Season - Sport _____

☐ Winter Season - Sport _____

☐ Spring Season - Sport _____

I understand that I am responsible for valid insurance.

_____ _____

Name of Student (please print) Name of Parent/Guardian (please print)

_____ _____

Signature of Parent/Guardian Date

For the Student

I understand that I am responsible for ensuring that:

- I do not transport any other students to practices and game (except siblings) AT ANY TIME.
- I will arrive to all events in a timely manner.
- I will communicate directly with the coach when using my own vehicle.

_____ _____

Signature of Student Date