

 Williamsport Area School District

 Athletics Office

2990 West Fourth Street

 Williamsport, PA 17701

Student Transportation Permission Form

It is expected that all student-athletes will use the transportation provided by the school district to travel to and from athletic contests. The school district realizes that these are unique times and there are exceptions or extenuating circumstances that may make travel with family or friends more desirable or practical.

As the DRIVER, I certify the following:(Complete Part A for all Drivers)

* The parent or guardian driver has a valid driver’s license. (Driver must be a parent/guardian)
* The automobile is properly registered.
* I maintain required insurance on the automobile.

**For Students riding with non-family member, Complete Part A (Driver) & Part B (Student-athlete’s Parent)**

For those circumstances involving the transport of a non-family member, the following procedures must be followed:

* Both families must complete, sign and submit THIS form to the athletics office **no later than 4:00 p.m.** the day prior to the competition. NOTE: Both families must complete and sign the form below.

I/we agree to indemnify and hold harmless the District, its employees, agents, and/or assigns from and against any loss or expense, to include reasonable attorney's fees, caused by and/or arising from transportation provided hereunder.

**PART A: DRIVING Family:**

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| **Name of Student Athlete:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_Sport/Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location(s) of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) of Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Head Coach’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Parent/Guardian Signatur**e: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact information: (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PART B: PASSENGER Non-Family (for the transport of a non-family member by another family):**

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| ***Name of Student Athlete:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_**Sport/Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Student-Athlete’s Parent/Guardian Signatur****e: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Contact information: (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

***Please return to the Head Coach and the Athletics office prior to the date of event(s)***

***(may email to head coach and*** ***smccann@wasd.org******)***