



CLIO HIGH SCHOOL ATHLETICS

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TRANSPORTATION WAIVER 2022-2023 SCHOOL YEAR

Name of Athlete: _____

Sport: _____ Level: FR JV V

PERMISSION TO TRANSPORT

In the event Clio Area Schools is unable to provide transportation to/from an athletic event during the season listed above, I give permission for my child to transport (check applicable):

- other student-athletes from their team.
- other student-athletes within the same program.
- no one other than themselves.

PERMISSION TO RIDE WITH OTHERS

In the event Clio Area Schools is unable to provide transportation to/from an athletic event during the season listed above, I give permission for my child to be transported to events by (check all applicable):

- members of the team coaching staff, including volunteer coaches.
- student-athletes from their team.
- student-athletes within the same program.
- parents of student-athletes within the same program.
- only the following individuals:

CONTACT INFORMATION:

Parent/Guardian Name: _____

Cell #: _____ Home/Work #: _____

Name of Emergency Contact: _____

Relationship to Athlete: _____

Cell #: _____ Home/Work #: _____

From the Clio Area Schools Athletic Handbook:

Athletes will ride to and from athletic contests on school supplied transportation when available. Athletes may ride home from a contest with their parents or authorized adult provided their parents have signed the transportation waiver form. When the district does not provide transportation, athletes may use personal vehicles provided that said athlete is a licensed driver, has permission of the coach, athletic director, and parents have signed the transportation waiver form.

Written arrangement between the parents, coach, and athletic director must be made 24 hours prior to the contest or scrimmage.

Matters of convenience are not considered acceptable for granting of the waiver. Repeated disregard to this policy may result in disciplinary action.

Parents/Guardians must understand that their signature on a release form for alternate transportation waives their child's coverage through the MHSAA insurance plan.

I, parent/guardian of the student-athlete named below, have read and understand the Transportation Policy from the Clio Area Schools Athletic Handbook and give permission for my student-athlete (write name below),

_____ to provide transportation and/or be transported by others as indicated on this Transportation Waiver.

Name of Parent/Guardian (print)

Signature of Parent/Guardian

Date

THIS WAIVER IS ONLY VALID FOR THE SCHOOL YEAR AND SEASON INDICATED.