

UASD ATHLETIC TRANSPORTATION WAIVER

DATE: _____

SPORT: _____

COACH: _____

I, _____, will be taking my son / daughter,
(Parent/guardian — Please print)

(Student Athlete —Please print)

from _____
(Indicate athletic event)

SIGNATURES:

(Parent / Guardian) (Phone)

(Coach)

A copy of this waiver request must be given to the coach prior to the event.