

# ATHLETIC TRANSPORTATION PERMISSION FORM

Lexington Senior High School

Destination: All LSHS Athletic Events as scheduled by the Athletic Department at LSHS.

Date / Time of Trip: All event dates will be communicated to athletes and parents by Head Coach both at the start of the season and during the season as events are added. An "event" is defined as interscholastic competition, athletic training scheduled to take place off campus, field trip, athletic-related event such as a team dinner.

Departure time from the school campus will be determined by travel time and team needs. The athletic department will do everything it can to depart after the instructional day, however, there are times when an early departure from school will be required. This will not affect a student's attendance or tardy count.

Please complete the following:

Student Name: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent / Guardian Cell #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

By signing below, I am indicating that I understand that all student-athletes must ride to and from team events with the team, utilizing school transportation. Exceptions to this should be requested from the Head Coach and must be approved by the Athletic Director and Administration prior to the event. I also understand that while every attempt will be made to provide athletes and parents with an estimated time of return, there are many factors at athletic events that can make determining the exact return time difficult.

Checkbox I hereby give permission for my child, \_\_\_\_\_  
\_\_\_\_\_ to accompany the team as described above. I also

authorize the calling in of a doctor and/or the providing of other necessary medical services at my expense should an emergency arise. I certify that my child is in good health and can participate in all normal activities of the team.

\_\_\_\_\_  
Signature of Parent / Guardian

Date: \_\_\_\_\_