



## ATHLETE TRANSPORTATION RELEASE FORM 2024-2025 School Year

Athlete's Name: \_\_\_\_\_

Athlete's Grade: \_\_\_\_\_

Sports Season: Fall Winter Spring

Athlete's Sport: Soccer / Volleyball / Basketball / Flag Football / Softball

It is expected that all student athletes will use the transportation provided by the school district to travel to and from athletic events. There are several reasons for this procedure, but foremost are safety, security, and legal liability. The school district realizes that there are exceptions or extenuating circumstances that may be approved by the athletic director.

### Permission to Relinquish My Child's Custody to Parent/Guardian

*As the parent/guardian of a current McCabe Elementary School student, I am requesting permission to transport my child from a McCabe Elementary School sporting event in my own automobile. I hereby release the McCabe Union School District of all liability of my child once the student is under my care. I will provide the district office with the following information as well as a copy of my current driver's license and automobile insurance.*

Please provide a copy of the Driver's License & Current Auto Insurance Card for family members listed below.  
*Please check expiration dates.*

My child is authorized (based on the emergency information / must be 18 years of age) to be released to:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**#1** Driver's License Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Auto Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**#** Driver's License Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Auto Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR DISTRICT USE ONLY:

Athletic Director Signature: \_\_\_\_\_ Administrator Signature: \_\_\_\_\_