

ATHLETIC TRIP PERMISSION FORM



St. Helen and the Catholic Schools Office Archdiocese of Galveston-Houston

Athletic Sport for Private Vehicular Transportation: _____
Destinations will vary due to games and events being played at other schools and venues.

If the method of transportation to the athletic events is to be another parent, this form must be completed in entirety, as directed by the Catholic Schools Risk Management Offices.

- Method of Transportation for: _____
Name of Child to be Transported
- Personal Vehicle Driven by: _____
Name of Driver
- Driver's License Number and State: _____
- Name of Insurance Carrier for Vehicle: _____
Copy of proof of insurance MUST be attached to form.

I/We, the parent(s) of _____ (name of child) request that he/she be allowed to ride in a car driven by a volunteer parent and we give permission for this to occur during the current _____ (sport) season. I understand that our school does not have insurance to cover volunteers who choose to transport students, and I further understand that the parent drivers' insurances will be the primary insurance in case an accident occurs. I/We release and save harmless the school and any and all of its employees from any and all harm arising to my/our son/daughter as a result of this trip, and waive any claims against them. Additionally, I understand my child(ren) must wear a safety/seat belt regardless of age when they are seated in a vehicle. By providing the information and signing below, I agree to allow my child(ren) to be transported by the volunteer and I agree with these conditions.

Emergency Information:

Parent/Guardian Name (print) Contact Number Medical Insurance Carrier

Dr./Physician Name Contact Number Medical Policy #

Signature of Parent/Guardian Date

ATHLETIC TRIP PERMISSION FORM *(continued)*



**St. Helen and the Catholic Schools Office
Archdiocese of Galveston-Houston**

DESIGNATION OF ADDITIONAL PARENT/VOLUNTEER DRIVERS FOR ATHLETICS

If the method of transportation to the athletic events is to be another parent, this form must be completed in entirety, as directed by the Catholic Schools Risk Management Offices.

- Method of Transportation for: _____
Name of Child to be Transported

- Personal Vehicle Driven by: _____
Name of Driver

- Driver's License Number and State: _____

- Name of Insurance Carrier for Vehicle: _____
Copy of proof of insurance MUST be attached to form.

- Personal Vehicle Driven by: _____
Name of Driver

- Driver's License Number and State: _____

- Name of Insurance Carrier for Vehicle: _____
Copy of proof of insurance MUST be attached to form.

- Personal Vehicle Driven by: _____
Name of Driver

- Driver's License Number and State: _____

- Name of Insurance Carrier for Vehicle: _____
Copy of proof of insurance MUST be attached to form.