Bethany Public Schools Game Transportation Permission Form

STUDENT-ATHLETE INFORMATION

Name:	Sport:	HS or MS:
Parent Name:	Parent Daytime Pho	one Number:
If you have multiple siblings on t	he same team please list all other	er siblings here. There is no need to fill out a
second form:		
STUDENT-ATHLETE WILL	RIDE WITH PARENT/GUAI	RDIAN
Fill out this section if your child	l will ride to the contest with	you, the legal parent/guardian.
their Bethany Schools athletic conto pandemic. I agree that if my child agreement of Bethany Public Scho games unless their parents have fi coach that the form has been tur	ests in lieu of using district provide drives himself/herself or rides wit pols. I also agree not to transport a lled out this form allowing me to d ned in. Finally, I understand that I	uardian, will be transporting this child to and from ed transportation for the duration of the COVID-19 th another student to a game, it will be without the any other student-athletes from Bethany to or from lo so in which case I will confirm with the Bethany I must sign student-athletes out after the game by a ensure all students are accounted for.
will transport your child to games	s for the duration of the season. ow as long it is communicated to	nitial the line next to "Option 2" indicating you Your child can still ride school transportation o the coach at least 24 hours ahead of time to
OPTION 1 - Date of Game:		
OPTION 2 - Initial that I will Tra	Insport My Child to All Games:	
Parent/Guardian Signature	Pare	nt/Guardian Printed Name
STUDENT-ATHLETE WILL	RIDE WITH A NON-PAREN	T/GUARDIAN
Fill out this section if your child	l will ride to the contest with a	an adult who is not the parent or guardian.
game date listed or for the entire sed agree that if my child drives himse Bethany Public Schools. I understan	ason with ONLY the person listed l olf/herself or rides with another stu and will inform the adult below	nardian, give permission for my child to ride to the below for the duration of the COVID-19 pandemic. It dent to a game, it will be without the agreement of that the student-athlete must sign out after the game an ensure all students are accounted for.
Name of Adult Driver	Dayı	time Phone Number of Adult Driver
OPTION 1 - Date of Game:		
OPTION 2 - Initial That the Person	on Above Will Transport My C	hild to All Games:
Parent/Guardian Signature	Pare	nt/Guardian Printed Name