

SPORTS TRANSPORTATION INFORMATION 2016-2017

Athlete's Name:		Grade:
Sport:		
Parent's Name: P		Phone No.:
Email address:		
During the above sports season, ordinar	ily my child will be	transported to the games by:
	myself, or	
	_ Phone No.:	Cell No.:
Name		
	Phone No.:	Cell No.:
Name		
	any ava	ailable spot on another vehicle
After each game, ordinarily my child will	he nicked up by	
Arter each game, ordinarily my child will		
	myself,	or
	_ Phone No.:	Cell No.:
Name		
	Phone No.:	Cell No.:
Name		
	any ava	ailable spot on another vehicle
If there is a change, I will send an email	to Coach Janak at	stephanie.janak@ctrschool.com.
All drivers are to have proof of insurance	e and a copy of a va	lid driver's license on file in the school office.
All children are to have their own individ	lual seat belts and r	must be belted in their seats. Drivers are not
to take or make any unscheduled stops	(i.e. for food, etc.) [Drivers are responsible for the children
assigned to their vehicles throughout the	e trip. No child is to	be left alone or allowed to go off alone.
_		s permission. I herewith release Christ the
Redeemer Catholic School from liability	· ·	_
	_	received during the Sports Trip, either at the
destination or in traveling to or from sai	a destination.	
Parent's Signature		 Date