

# WESTGATE CHRISTIAN SCHOOL ATHLETIC TRAVEL PERMISSION FORM

Dear Parents:

This is an athletic travel permission form. It must be filled out and returned to our Athletic Director before the upcoming season begins, or at least 24 hours before the contest. We will follow these guidelines concerning your child when traveling to all of our athletic contests.

Team unity is very important to the overall success of an athletic program and traveling together aids in building that team unity. As such, we request that each athlete go to and return from all athletic contests with the team. **We also realize that parents will want to take their children home from athletic events from time to time, and we want you to feel free to do so. That is not the purpose of this form.** However, we do not want to have athletes traveling with anyone other than their parents/guardians without your express written permission. Because of this, it will be necessary to have this permission form on file. This form will be used in the case of an athlete traveling home with an older sibling, or traveling with another family after a game. In the case of traveling home with another family, both parents will need to sign this travel permission form. ALL student athletes are required to ride official WCS transportation to the athletic event.

By signing this form you will release Westgate Christian School and its agents from any claim, liability, damage, or loss of any type whatsoever which may arise in connection with the choice you have made. In doing so, you acknowledge your authority to sign this release. In order for a release to be granted for a student-athlete to ride with another family, both families must agree with the riding situation. Therefore, both families must sign this waiver and have it on file in the athletic office. Please only fill out ONE FORM per family. Include all children being transported and transporting parties on each line.

## ATHLETIC TRAVEL PERMISSION FORM

I, \_\_\_\_\_, provide consent for my child(ren),  
(Name of Parent / Guardian)

\_\_\_\_\_, to travel from any/all Westgate athletic  
(Name/s of Minors)

events with \_\_\_\_\_ . I hereby authorize this  
(Name of Transporting Party)  
permission form for the time period listed below.

### THIS AUTHORIZATION IS VALID FOR THE FOLLOWING TIME PERIOD:

This permission form may be used for one of three periods:

\_\_\_\_\_ 1. The ENTIRE 2016-2017 School Year. ( August 19, 2016 – May 26, 2017 )

\_\_\_\_\_ 2. For ONE ENTIRE ATHLETIC SEASON. ( Please circle )

FALL (Aug 19 – Oct 29)

WINTER (Nov 28 – Feb 18)

SPRING (Feb 27 – May 1)

\_\_\_\_\_ 3. For ONE PARTICULAR ATHLETIC GAME. ( Include Date: \_\_\_\_\_ )

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT full name of Parent

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

\_\_\_\_\_  
Phone Number

If you are the transporting parent of another family's child, please sign here.

**PLEASE REMIT COMPLETED FORM TO THE ATHLETIC OFFICE.**