

HILLIARD CITY SCHOOL DISTRICT
Hilliard Darby High School
Athletic Department

PARENT'S TRAVEL PERMIT

I hereby give my consent for _____ to travel to and from athletic events scheduled
(Name of Athlete)

by **Hilliard Darby High School or Heritage Middle School's Athletic Departments**. I understand that department policy will be to provide transportation by school bus, but in the event a bus is not available, private transportation may need to be used. These vehicles may only be driven by responsible adults (parents of athletes, and/or coaches), and these individuals cannot be held responsible for any accident or injury that might occur.

Date

Signature of Parent or Guardian

ACKNOWLEDGEMENT

I agree to read and abide by all items contained in the "Hilliard City School District Athletic Manual for Parents, Athletes & Coaches" including the Extra-Curricular Drug, Tobacco and Alcohol, and Athletic Code of Conduct Policies and Regulations.

I understand that any violation of the above policies and regulations may lead to removal from participation in athletic activities.

PARTICIPANT'S NAME: _____

PARTICIPANT'S SIGNATURE: _____

PARENT/GUARDIAN'S SIGNATURE: _____

DATE: _____

PARENT/FAMILY INFORMATION

Parent's Name: _____ Home Phone: _____

Address: _____
(Street Address) (City) (Zip)

Work Phone: _____ Cell Phone: _____

Email Address: _____

Other Parent's Name: _____ Home Phone: _____

Address: _____
(Street Address) (City) (Zip)

Work Phone: _____ Cell Phone: _____

Email Address: _____