



BLOOMFIELD SCHOOLS DISTRICT ATHLETICS

PARENT/GUARDIAN ALTERNATE TRANSPORTATION FORM

Date: _____

Date of Athletic Event(s): _____

Event Location and Time Student is required by Coach to report to Event:

I, _____ request permission to transport my son/daughter _____ using our private vehicle instead of district transportation. I agree to the following:

1. my child will only be transported by a parent or legal guardian and will not be transported by anyone else;
2. my child will arrive at the event at the time required by the Coach to Report to the Event;
3. Return equipment and/or uniform at the end of the Event if my student's coach requires equipment/uniform be returned;
4. I am responsible for the transportation of my student and by student's safety and welfare to and from this event; and
5. BSD is not responsible for the transportation of my student or the student's safety and welfare during the transportation of my student to and from this Event.

(Parent or Legal Guardian Signature)

(Date)

(Head Coach Signature)

(Date)

(District AD or Designee Signature)

(Date)