

"TRANSPORTATION DEVIATION" FORM

If your son/daughter will NOT be traveling with the team (to or from their sporting event), please indicate your choice of arrangements below.

1. _____ HAS PERMISSION TO RETURN TO TRAVERSE CITY WITH
(Athlete's Name)
_____. (MUST BE PARENT OF ANOTHER PLAYER)
(Parent's Name)

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2. _____ WILL RETURN TO TRAVERSE CITY WITH HIS/HER PARENTS.
(Athlete's Name)

* * * * *

3. _____ HAS MY PERMISSION TO RIDE TO _____
(Athlete's Name) (Sporting Event / Date)

(Athlete's Name)
WITH _____
(Name of Adult)

I understand that the TCAPS athletic rules require that students ride with the team transportation provided to and from all athletic events and any deviation from this requirement will release the TCAPS District from any and all liability for any adverse result that may occur.

This form must be in the hands of the coach prior to the event and available if requested by the Athletic Department at a future date.

Parent Signature _____

Date _____