Transportation Authorization Form Saline High Crew Team

Student Name:	
Parent/Guardian1 Name	
Home Phone	Work Phone
Parent/Guardian2 Name	Work Phone
3.	orted by or to transport other students in vehicles to or from practice.
	Date
Parent 2 Signature	Date
location with the understanding that the Saline Area and its representatives are not responsible if your chamber My child has permission to be transported by drivers (Driver Name:	other than parents) to or from practice as follows:
Driver Name:	
Driver Name:	
	Date Date
its representatives are not responsible if your child of My child has permission to transport other students (in Student Name:	n my child's vehicle or our family vehicle) to or from practice as follows:
Student Name:	
	Date Date
Schools District or Saline Crew Team Board own o season, and they are not responsible for the acts or of I further agree not to hold any Saline Area Schools representatives responsible for any accidents that m Saline Crew Team Board and its representatives the	
Parent 2 Signature	Date