

HILLIARD CITY SCHOOL DISTRICT
Hilliard Darby High School
Athletic Department

PARENT'S TRAVEL PERMIT

I hereby give my consent for _____
(Name of Athlete)
and from athletic events scheduled at Hilliard Darby High School, Heritage
Middle School, or Memorial Middle School's Athletic Departments. I
understand that department policy will be to provide transportation
but in the event a bus is not available, private transportation may be used.
These vehicles may only be driven by responsible adults (parents of
coaches), and these individuals cannot be held responsible for any
that might occur.

Date _____ Signature of Parent or Guardian _____

ACKNOWLEDGEMENT

I agree to read and abide by all items contained in the "Hilliard
Athletic Manual for Parents, Athletes & Coaches" including the Extra-Curricular
Tobacco and Alcohol, and Athletic Code of Conduct Policies and Regulations.
I understand that any violation of the above policies and regulations may result in
removal from participation in athletic activities.

PARTICIPANTS NAME: _____

PARTICIPANTS SIGNATURE: _____

PARENT/GUARDIANS SIGNATURE: _____

DATE: _____