

Española Valley High School  
Parental Transport Release Form:

Sport/Activity: \_\_\_\_\_

Activity Date: \_\_\_\_\_

Participant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone

Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Auto Insurance Carrier: \_\_\_\_\_

Reason for not riding bus: \_\_\_\_\_

As the parent of the above listed participant, I agree to transport said student to and/or from the listed event. I agree to take all responsibility for my child from the moment the sponsor/coach releases him/her to me. I release EVHS from any further liability when I assume the responsibility of transporting my own child. I DO carry auto insurance to cover passengers in the event of an accident. I will not transport any other participant other than my own child/children.

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Print Parental/Guardian Name (transporting parent) Work Phone Number

\_\_\_\_\_  
Principal/AD Signature

\_\_\_\_\_  
Position

**Parental Transportation is only allowed for return trips from athletic activity events. To transport an athlete from an event, special permission must be obtained from the Principal or Athletic Coordinator/Director 24 hours in advance of the event.**

