

Blind Brook Rye UFSD
840 King Street, Rye Brook, NY 10573
Interscholastic Athletics

Dr. Ronald Valenti
Superintendent of Schools

Jim Spano
Athletic Director

ATHLETIC TRANSPORTATION WAIVER FORM

Parents wishing to have another adult provide transportation for their child to or from an away contest must complete the form below:

Child's Name _____ Sport _____

I, _____ will allow
Mr./Mrs. _____ (**Name of Adult Providing Transportation**) to
transport my son/daughter to/from my
Child's athletic contest on _____
Date

Reason for request: _____

I accept fully the responsibility for my child's well being while providing such transportation.

PARENT'S SIGNATURE

TODAY'S DATE

ATHLETIC DIRECTOR

TODAY'S DATE

Approved _____ Denied _____

Fax 914-937-4509