

SPORT/GROUP:

DATE(S):

EVENT:

I certify that I am personally transporting the below-named student and that I am the child's parent.

I understand that the West Valley School District recommends that students use district provided transportation to/from all athletic

contests and events. I agree to hold the West Valley School District and its employees/officers harmless from all liability

with reference to the above-stated transportation. This also releases the school district from providing supervision

and/or boarding if it was provided for this event.

<u>STUDENT'S NAME</u>	<u>PARENT'S NAME</u>	<u>PARENT'S SIGNATURE</u>
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X
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		X
		X
		X
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		X
		X
		X
		X
		X
		X
		X
		X
		X

**COACHES/ADVISORS: PLEASE RETURN THIS COMPLETED FORM TO THE BUILDING
A.D. WITHIN ONE WORKING DAY OF THE EVENT.**