



VALLEY VIEW ATHLETIC DEPARTMENT

6027 Farmersville Pike. Germantown, OH 45327 . 937-855-4116

POST CONTEST TRANSPORTATION WAIVER

I certify that _____

(Parent/Guardian Name(s))

are the legal guardians/parents of the following athlete _____

(Athlete Name)

I also understand by signing this document it allows for the following

- I, the Parent/Guardian may transport said athlete home AFTER the contest is considered over deemed by the coach.
- Notify the Coach BEFORE the departure in the manner and time frame that the coach has deemed.
- I will NOT transport other members of the team AFTER a Contest without prior permission from VVHS (submitted and signed by an administrator in advance of the contest)
- A bus will still be there to transport home if you (the parent/guardian) are unable to transport AFTER the conclusion of all contests.

PARENT/GUARDIAN _____

(Signature)

I certify that I, _____

(Athlete Name)

understand that by signing this document I agree to the following

- I will only ride home after a contest is complete with those parent/guardians listed above.
- I will notify the Coach BEFORE the departure in the manor and time that they have deemed.
- In the event that other transportation arrangements need to be made, these will be submitted and signed by an administrator in advance of the contest

ATHLETE _____

(Signature)