

Sisters High School Athletics Activities Travel Waiver

I grant permission for my child to travel separately from the official Sisters High School (SHS) traveling party, and to utilize other means of transportation to travel to or from the trip/game as described below. I understand and agree that my child will not be considered part of the official SHS traveling party both to and from the event for this trip, and I accept full responsibility for any accidents or incidents which may occur on this trip.

I understand that this waiver is granted with the condition that the student will be traveling with parents, legal guardians, or an adult who has my permission to transport my child. **I understand that the Sisters School District Insurance does not cover the driver or automobile in use on the trip listed below.**

Trip/Game Information

_____ Trip/Game _____ Date

Parent Information

Student's Printed Name Student's Signature Date

Parent/Guardian Printed Name Parent/Guardian Signature Date

Names of Parent Drivers in which my Student is Authorized to Travel

Printed Name Cell Phone Home Phone

Printed Name Cell Phone Home Phone

Printed Name Cell Phone Home Phone

Printed Name Cell Phone Home Phone

If you are Parent driver providing transportation you must fill out this portion of the form.

*****A copy of the parent driver's insurance card must be on file with the SHS Athletic office and attached to this form.**

Parent Driver Information

Name of Parent Driver(s) providing transportation, if other than student's family member or legal guardian:

Name of Insured Driver(s)	Name of the Insurance Company	
Address	Cell Phone	Home Phone

List any moving violations or accidents in the last three years.

Date	Description
1. _____	_____
2. _____	_____
3. _____	_____

I do hereby certify to Sisters School District and its administrators and staff that the foregoing information is true.

Date: _____

Signature: _____