BAYARD RUSTIN HIGH SCHOOL

Dr. Michael Marano Principal

484-266-4300

	Interscholastic Sports Driving/Riding Permission Form
Student's Name	Parent/Guardian's Name:
	Driving Permission and Approved Passengers (Please check one of the following):
The	above named student ("Student") will be picked up after practice or competition by parent/guardian on the following date(s):
I giv give	re the above-named student ("Student") permission to drive his/her vehicle to and from sports practices and competitions; however, I do not my Student my permission to transport passengers while driving to and from sports practices and competitions.
I given	e Student permission to drive his/her vehicle to and from sports practices and competitions. Further, I give Student permission to transport ollowing passengers while driving to and from sports practices and competitions.
I giv	ve the above-named student ("Student") permission to be transported to sports practices or competitions by the below listed drivers.
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	4.
> The Stude	West Chester Area School District, its board members, administration, and employees (collectively "WCASD") has no responsibility for dent or his/her passengers once the student departs from the Rustin High School Campus in his/her vehicle dent is not an employee, agent or representative of WCASD when driving his/her vehicle to and from sports practices and competitions. ASD does not provide insurance coverage of any kind for Student and/or his/her passengers while driving to and from sports practices and petitions in his/her vehicle. I agree to indemnify and hold WCASD harmless from any and all claims of any kind whatsoever including, out limitation, personal injury and property damage, that arise out of or are in any way related to Student's driving to and from sports effices and competitions in his/her vehicle. derstand that Student's driving his/her vehicle to and from sports practices and competitions is a privilege, not a right, and that that privilege to be revoked by WCASD in the event of violations of WCASD policy.
Signature of P	Parent/Legal Guardian Date Telephone Number for Verification