

Date: _____

**SCCS Athletic Department
Transportation Release Form**

Student Name: _____

Sport(s): _____

Name of parent(s)/guardian(s) providing transportation to and/or from contest site (must be at least 21 years of age):

* Car insurance company of person(s) providing transportation:

Signature of Parent: _____

Approved: _____

Steve Ruthsatz
Athletic Director

* Please provide/attach a copy of your car insurance card or form will not be approved.