



DEMATHA CATHOLIC HIGH SCHOOL

Order of the Most Holy Trinity and of the Captives

UNITED STATES DEPARTMENT OF EDUCATION
TWICE RECOGNIZED SCHOOL OF EXCELLENCE



Athletic Department

Baseball

Basketball

DeMatha Transportation Verification Carpool

Crew

The _____ team will travel to _____ on _____ 20____.

*Cross
Country*

My son _____ has permission to drive to the event. In the event that my son wishes to carpool with someone, they must make his own arrangements. The coach has not assigned any players to ride in any vehicle. I give permission to my son and allow the following teammates to ride in his vehicle and state his driving privileges permit him to have passengers. I, or my son, will be taking the following teammates:

Football

Golf

I understand that I, or my son, will be transporting teammates to and from the game only. I, or my son, will not be taking any side trips with other students or deviating from the directions to/from the game site. I understand and agree that my vehicle must be registered and insured in order to transport any students to or from the game. NO JV players are permitted to drive to games.

Hockey

Lacrosse

License number _____

Rugby

Insurance Company _____

Soccer

Parent/Guardian Signature _____ Date _____

Swimming

Tennis

*Track
Indoor
Outdoor*

My son _____ has my permission to travel to the event as a
passenger with _____.

Wrestling

I/We am/are fully aware of the risks and hazards connected with the voluntary activity of driving to THE GAME, including, but not limited to, the risks noted herein, and I hereby elect to voluntarily participate in said activity, and to enter the above named premises and engage in such activity knowing that the activity may be hazardous to me and my property. I/WE VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me as a result of being engaged in such activity that may be caused by any person to my son. I release DeMatha Catholic High School from any and all claims arising from this voluntary activity.

Parent Signature _____ Date _____



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