



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

Crew

*Cross
Country*

Football

Golf

Hockey

Lacrosse

Rugby

Soccer

Swimming

Tennis

Track

*Indoor
Outdoor*

Wrestling

DeMatha Transportation Return trip with parents/guardian

The _____ team will travel to and from various venues for purposes of participating in practices, games, meets or events during the season. I understand the school provides transportation but my son may on occasion choose not to return with the team.

I, (parent /guardian) Mr./Mrs. _____ will be transporting _____ home after the game/practice.

I/We am/are fully aware of the risks and hazards connected with the voluntary activity of driving home after game, including, but not limited to, the risks noted herein, and I hereby elect to voluntary 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, PERSONAL INJURY, COVID-19 RELATED ILLNESS, AND/OR 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 Order of the most Holy Trinity and of the Captives from any and all claims arising from this voluntary activity.

This permission is effective until revoked by me in writing and delivered to the DeMatha Athletic Director

This form must be signed and returned to the coach prior to his participation as a member of the _____ team.

Parent/Guardian signature

Date