Parent-Guardian Permission Off-Campus Supervised Activity/Travel

STUDENT RIDING			
W/ ANOTHER PARENT			

* Complete this form and turn in to the Athletic Office.

* Athletes must ALWAYS check or		ore leaving the game	e site.
SCHOOL: Tigard High School			
STUDENT'S NAME:			
PARENT/GUARDIAN:			
SPORT/ACTIVITY: Tigard Girl	s' Tennis		
Trip Permission Statement: I/We listed below in their personal car ho my child to ride with the individual determine if the listed drivers meet good for the time period of the trip, conditions I wish to set. The school insurance. I/We agree to indemnify respect to any claims, damages, or if from any other cause during the trip	ome to/from away athle listed here, I understar the legal requirements and legally required and l is not responsible to of and hold the Tigard-T njuries which may resu	tic events. In giving and that it is my respond for a valid Oregon of atomobile insurance to this monitoring of all alatin School Districts.	g permission for onsibility to driver's license, and any other f license and rict harmless with
Parent/Guardian Signature		/	_/
i arong Guardian Signature		/	
Parent/Guardian Signature		Date	_
Phone Number (#1 priority)	Phone	e Number #2	
Address	City	State	Zip

Persons Granted Permission to transport my student:

- 1) Name(s): Kelsey Wahl Phone: (C) 503-804-6932
- 2) Name(s): Gretchen Dumestre Phone: (C) 503-504-6921
- 3) Name(s): Courtney Roshak Phone: (C) 503-858-8282