

STUDENT ATHLETE DRIVER'S FORM

Student Driver Name _____

List Athletic Events Student Will Be Driving To Below: WATER POLO PRACTICES AND GAMES

Driver's License # _____

I, _____ (print Parent/Guardian name) hereby affirm that my child has my authorization to drive themselves to and from the above stated events. We agree that it is a privilege that may be revoked by the Executive Director at any time.

Clayton Valley Charter High School does not provide any form of insurance for student drivers. The parent/guardian acknowledges that they are legally responsible for the acts and omissions of the above mentioned student driver and may be liable for any claim related to their driving.

I HAVE READ AND HEREBY CERTIFY THAT THE ABOVE-LISTED INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE TO THE TERMS AND CONDITIONS LISTED ON THIS STUDENT DRIVER'S FORM.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

Student Driver Name (Print) _____

Student Driver Signature _____ Date _____

This lower section only needs to be completed if your student driver will be transporting any passengers

STUDENT PASSENGER FORM CLAYTON VALLEY CHARTER HIGH SCHOOL

Passenger Name: Please list names of any potential passengers on the back of the form!!!

Relation to Student Driver _____

List Athletic Events Student Will Be Driving To: WATER POLO PRACTICES AND GAMES.

I, _____ (print Parent/Guardian name) hereby affirm that my child has my authorization to be a passenger in the above mentioned family members' vehicle to and from the above stated events. We agree that it is a privilege that may be revoked by the Executive Director at any time.

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I HAVE READ AND HEREBY CERTIFY THAT THE ABOVE-LISTED INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE TO THE TERMS AND CONDITIONS LISTED ON THIS STUDENT DRIVER'S FORM.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

Names of Potential Passengers:

1. _____

2. _____

3. _____

4. _____