

**HARBORFIELDS CENTRAL SCHOOL DISTRICT
EMERGENCY WAIVER OF TRANSPORTATION FORM**

I am the parent or guardian of _____
Student's name

I hereby request that permission be granted to pickup my son/daughter:

Student's name

Interscholastic game on _____
Date Team

Reason (**REQUIRED**)

I am fully aware that it is Harborfields School District Policy that students be transported to and from all games and activities on the transportation provided by the school. Only under extraordinary circumstances or for special situations is this request permissible.

I hereby agree that I will be fully responsible for and hold the School District harmless, Indemnify, and defend the district for any damages, including injuries to my child which may arise as a result of picking up my child from this interscholastic activity.

I give my permission for _____ to pick up my child.
Name of Driver if other than parent

Parent/Guardian Signature _____ Date: _____

Coach: _____ Date: _____

All requests must be made to the COACH THREE days in advance of game or activity.

PLEASE DO NOT SEND THIS FORM TO THE ATHLETIC DIRECTORS OFFICE. ALL REQUESTS MUST BE MADE TO THE COACH.