"TRANSPORTATION VARIANCE" FORM

I understand that the TCAPS athletic rules require that students ride with the team transportation provided to and from all athletic events and any variance from this requirement will release the TCAPS District from any and all liability for any adverse result that may occur.

This form must be in the hands of the coach prior to the event and available if requested by the Athletic Department at a future date.

Athlete's Name _____

Parent Signature _____

Date of Variance _____

- **Please select from one of the three options below:**

_____ MY CHILD HAS MY PERMISSION TO RIDE TO THIS DATE'S SCHEDULED EVENT

WITH _____
(name of adult)

_____ MY CHILD HAS MY PERMISSION TO RETURN TO TRAVERSE CITY WITH

_____
(name of adult – must be parent of another player)

_____ MY CHILD WILL RETURN TO TRAVERSE CITY WITH US, HIS/HER PARENTS