School Athletic Driving Permission Slip

	ughter of
Student Name	Parent name
and agrees to abide by the policy	Ill of the following for athletic events of CAPTAIN SHREVE HIGH SCHOOL and accepts responsibility for their
 Drive to and from the athle Ride with another licensed Ride with a coach to an athle 	driver/player to an athletic event
Please circle choice(s) of which	n you are giving permission
Date	Student Signature
	Parent Signature