

BUENA VISTA MIDDLE SCHOOL

18250 Tara Drive, Salinas, CA 93908 * Phone 455-8936 * Fax 455-8832

Permission to Transport for After School Sports

My child, _____ has my permission to be transported to and from after school sport practices and games by the individuals listed below. I acknowledge that these drivers will not be held liable in case of an accident or injury.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____