

**PITTSBURG HIGH SCHOOL**

**Office of Athletics**

**Greg Strom, Director**

351 School St.

Pittsburg High School

North Campus Rm 119

PLAYER’S NAME:

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Parent’s Name) (Driver’s Name)**

**to transport my child home *from* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_.**

 **(Opponent Location) (Date)**

**I acknowledge that to transport my child the driver must have a valid driver’s**

**license and insurance information on file with PUSD and meet all other criteria**

**to do so. I will notify the coach directly when allowing my child to return home**

**with another parent.**

Name of school:

Parent/Guardian’s Name:

Parent/Guardian’s Signature:

Contact Number: