

**HILLIARD CITY SCHOOL DISTRICT**  
**Hilliard Darby High School**  
**Athletic Department**

**PARENT'S TRAVEL PERMIT**

I hereby give my consent for \_\_\_\_\_ to travel to and from athletic events scheduled  
(Name of Athlete)  
by **Hilliard Darby High School, Heritage Middle School, or Memorial Middle School's Athletic Departments**. I understand that department policy will be to provide transportation by school bus, but in the event a bus is not available, private transportation may need to be used. These vehicles may only be driven by responsible adults (parents of athletes, and/or coaches), and these individuals cannot be held responsible for any accident or injury that might occur.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent or Guardian

**ACKNOWLEDGEMENT**

I agree to read and abide by all items contained in the "Hilliard City School District Athletic Manual for Parents, Athletes & Coaches" including the Extra-Curricular Drug, Tobacco and Alcohol, and Athletic Code of Conduct Policies and Regulations.

I understand that any violation of the above policies and regulations may lead to removal from participation in athletic activities.

PARTICIPANT'S NAME: \_\_\_\_\_

PARTICIPANT'S SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PARENT/FAMILY INFORMATION**

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street Address) (City) (Zip)  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Other Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street Address) (City) (Zip)  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_