



## Driving Permission Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your son/daughter has asked for and will receive permission to drive (alone) to \_\_\_\_\_ practice at \_\_\_\_\_, and all home games throughout the \_\_\_\_\_ sports season. Permission to drive will be granted when this form is returned to the athletic office signed. All players must drive safely to the specific location. Any violation of the law or other action that brings negative attention to the team while driving will revoke this privilege.

Please indicate your acknowledgement and approval with your signature below.

\_\_\_\_\_  
Athletic Director

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please leave a message at (253) 735 1413 or at the athletic department e-mail [tjaime@rainiercsd.org](mailto:tjaime@rainiercsd.org) if you have questions or comments about this permission note.