



BELLEFONTE AREA HIGH SCHOOL
Authorization to Drive to Practice

***Please fill out all sections that apply**

Sport: _____

I/We hereby give permission for _____ to travel from the Bellefonte Area High School to _____ for athletic practices during the 20__-20__ school year, or until otherwise notified in writing, as a

Check all that apply: _____ driver _____ passenger

I/We understand that this transportation is not sponsored by the Bellefonte Area School District, and the District will have no financial or legal responsibility for injuries arising out of such travel. I/We further understand that student drivers will be subject to all of the guidelines for driving as set forth by the Bellefonte Area School District and Pennsylvania law, including possession of minimum insurance required by law. Students that are transported to the above athletic practices must be from the same athletic team.

By signing this form, I/we agree to waive, release, and hold harmless the District, its directors, officers, employees and agents from any and all liability and claims which may arise out of or in connection with student's transportation to and from athletic practices, including accident, illness, or death.

Signature of Parent/Guardian

Date: _____

Signature of Parent/Guardian

Date: _____

I understand the above rules and District policies and agree to abide by them. I further understand that I have a responsibility to travel directly from the High School to athletic practices. **I understand and agree that a violation of the regulations as stipulated above or in District policy will result in immediate revocation of my driving privileges and any further punishment as rendered at the discretion of the administration of Bellefonte Area High School and/or as outlined in District policy.**

Signature of Student

Date: _____