



CAPISTRANO UNIFIED SCHOOL DISTRICT
CAPISTRANO VALLEY HIGH SCHOOL
26301 Via Escolar, Mission Viejo CA 92692

ATHLETIC SELF-TRANSPORTATION

PARENTS/GUARDIANS PERMISSION FORM
Transportation to Off Campus Activity

I hereby give my permission for my child (print name) _____ to voluntarily drive his/her own vehicle to participate in this activity/sport. I understand that if my child does voluntarily drive to any activity or event, Capistrano Unified School District is not liable for any injuries or harm which may occur during the time he/she is voluntarily driving to or from the activity. I, as the parent/guardian, will provide the school district with the evidence of current automobile insurance coverage and my child's valid drivers license. I understand that California State law requires vehicles to be insured and all drivers to carry a valid drivers license. **I agree that my child will not be allowed to transport other students to any school function.**

Name of Activity/Sport _____

Dates/Season of Activity: _____

This permit will expire at the conclusion of the above date(s) and will be revoked if the student is found transporting other students.

Parent/Guardian Signature _____

Date _____

Valid California Drivers License # _____

Proof of Insurance # _____