

**PEACHTREE RIDGE HIGH SCHOOL  
SOCCER/LACROSSE PRACTICE TRANSPORTATION PERMISSION FORM**

This will give my son/daughter, \_\_\_\_\_  
Permission to participate in: \_\_\_\_\_ (student name) \_\_\_\_\_ (student number)

Activity: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Teacher in charge: \_\_\_\_\_ Time of Departure: \_\_\_\_\_

- I give permission for my son/daughter to: \_\_\_\_\_  
(Please initial ALL applicable choices)
- \_\_\_\_\_ 1. Ride the bus
  - \_\_\_\_\_ 2. Ride with an adult chaperone
  - \_\_\_\_\_ 3. Ride with another student
  - \_\_\_\_\_ 4. Drive own car

I agree to assume responsibility for any unforeseen accident that might occur during travel or participation in this activity. I also authorize any emergency medical treatment that may be necessary. I further recognize that students on school trips must adhere to the same code of behavior as if they were on the school campus and are to follow instructions of teachers, sponsors, or chaperones.

\_\_\_\_\_  
Parent's Name (Please Print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home/Cell Phone No.

\_\_\_\_\_  
Business Phone No.

\_\_\_\_\_  
Person to Contact in Emergency

\_\_\_\_\_  
Emergency Contact Number