



**PLUMSTEAD CHRISTIAN SCHOOL  
ATHLETIC DEPARTMENT**

**Athletic Transportation Permission Form**

Student Name: \_\_\_\_\_ fall \_\_\_\_\_

Address: \_\_\_\_\_ winter \_\_\_\_\_

Phone No.: \_\_\_\_\_ spring \_\_\_\_\_

Grade \_\_\_\_\_

Permission to participate in (sport) \_\_\_\_\_

\_\_\_\_\_ permission to drive to practices/games.  
(student)

\_\_\_\_\_ permission to ride with \_\_\_\_\_  
(student) (student)  
to practices/games.

\_\_\_\_\_ Permission to ride with parents who are driving  
(student)  
to practices/games.

An athletic physical has been completed on \_\_\_\_\_.  
Date

\_\_\_\_\_  
Signed (parent/guardian)

\_\_\_\_\_  
Date