Transportation Authorization

School

Student

This is to certify that for the ______ school year, the student named above has permission to ride to and from an athletic practice or athletic contest in an automobile, which is driven by another person.

I acknowledge that the DeKalb County School System assumes no responsibility for nor gives any assurances as to the safety or insurance coverage of the car or driver.

I also acknowledge that the Georgia High School Association (GHSA) assumes no responsibility for nor gives any assurances as to the safety or catastrophic insurance coverage of the car or driver.

_____________________     ___________________
Signature of Parent     Signature of Principal

_____________________     ___________________
Date      Date
Authorization to Drive Automobile

School  ____________________________

Student  ____________________________

This is to certify that the student named above has permission to drive his/her automobile, and to transport other persons, to and from athletic practices and/or athletic contests during the _______ school year.

I acknowledge that the DeKalb County School System assumes no responsibility for nor gives any assurances as to the safety or insurance coverage of the car or driver.

I acknowledge that the Georgia High School Association (GHSA) assumes no responsibility for catastrophic insurance coverage of the car or driver.

I further certify that the automobile in question is properly and adequately insured.

________________ _______ ______________________
Signature of Parent   Signature of Principal

________________ _______ ______________________
Date       Date