



ALVERNO HIGH SCHOOL  
TRANSPORTATION PERMISSION FORM

FOR AWAY GAMES:

The Alverno High School policy requires that student-athletes travel to and from away games and practices in school provided vans/buses or in cars driven by school appointed drivers who are 19 years or older. Students will not be permitted to drive themselves to athletic events. After an away game, the athlete must return to school with the team. She may be released to her parents, but to NO ONE ELSE unless written permission is given to the coach in charge.

I hereby permit \_\_\_\_\_ to participate in all practices and competitive athletic events of Alverno High School. I also give my daughter permission to be transported to and from said events in school provided transportation or in a privately owned vehicle driven by an insured adult, 19 years of age or older.

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Signature of parent/guardian

Date

FOR HOME GAMES:

PLEASE CHECK ONE OF THE FOLLOWING REGARDING TRANSPORTATION TO HOME GAMES:

\_\_\_\_\_ I give permission for my daughter to ride to home games with: \_\_\_\_\_  
\_\_\_\_\_, a licensed student driver.

\_\_\_\_\_ My daughter must ride to home games with one of the coaches or athletic director.

\_\_\_\_\_ I give permission for my daughter to drive other students to home games. She may take only \_\_\_\_\_ (number) passengers with her.

\_\_\_\_\_ My daughter may drive to home games, but she may NOT carry and other students with her.

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Signature of Parent/Guardian

Date

ALVERNO HIGH SCHOOL  
ATHLETE INFORMATION FORM

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STUDENT'S NAME	HOME PHONE	DATE OF BIRTH
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ADDRESS	CITY	ZIP CODE
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MOTHER'S NAME	WORK PHONE
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FATHER'S NAME	WORK PHONE
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ALTERNATE PERSON TO CONTACT	PHONE (If parents not available)
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FAMILY PHYSICIAN	PHONE
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Physical problems that may be aggravated by participation in athletics: \_\_\_\_\_

Any medications needed: \_\_\_\_\_

Any necessary precautions that your daughter must take (i.e., wear a brace, etc.)

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CONSENT TO TREAT A MINOR

We, the undersigned, parents or guardians of \_\_\_\_\_, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to this minor under the general or specific instructions of a medical doctor licensed to practice in the State of California, whether such diagnosis or treatment is rendered at the doctor's office or at a hospital licensed by the State of California.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given in order that the said physician may have the opportunity to exercise his/her best judgement as to the action which may be necessary or required to protect the life and health of the said minor child.

This consent shall remain in effect until revoked in writing by the parents of the above mentioned minor child.

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Signature of Parent/Guardian	Date
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