

Bishop Chatard High School Student-Athlete Travel Authorization

At times, it may be necessary for student-athletes to provide their own transportation to athletic events or off-site practices. The Athletic Department requires parental consent and the emergency information below to be placed on file. Any student who is allowed to drive must have liability insurance. **It should also be noted that the school supplemental insurance only covers the student-athlete(s) to and from the athletic event destination, NOT side trips to eat, etc. This form must be completed by ALL athletes- even those without a Driver's License.**

Consent given for (check all that applies):

- Named student-athlete is permitted to drive themselves ONLY
- Named student-athlete is permitted to drive themselves & their teammates
- Named student-athlete is permitted to be driven by a teammate
- Named student-athlete is not permitted any of the above

Name of Student-Athlete _____

Parent or Guardian _____

Address _____

City _____ Zip _____ Phone _____

Emergency contact numbers

Father _____ Phone _____

Mother _____ Phone _____

Auto Insurance (only needed if your child drives)

Company _____

Type & Policy Number _____ Expiration Date _____

I hereby give consent for the above-mentioned student-athlete to transport or be transported in personal vehicles as noted above. I also certify that the named student-athlete has current automobile insurance (for those of driving age & licensing).

NOTE: All Indiana driving laws must be adhered to (i.e. – age of driver, allowable passenger authorization, number of passengers not to exceed the number of seat belts in the vehicle, etc.)

Signature _____ Date _____