



JAMESTOWN ATHLETICS

Website: www.jpsny.org/athletics

Twitter: @JHSRedRaiders

PARENT TRANSPORTATION FORM TO AWAY GAMES/MEETS

Athlete Name: _____

Parent/Guardian Name: _____

Date of Game: _____

Location of Game: _____

I agree to transport my son/daughter to the game above. I agree to bring them to the game and also transport them back home. I understand that I am only permitted to transport my own child to the games.

Parent/guardian signature: _____