

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