



**HARVEST PREPARATORY SCHOOL
ALTERNATE TRANSPORTATION FORM**

(Date of Event)

This form is to be turned in 24 hours **prior** to the scheduled event and returned to the athletic office when completed. In case of an emergency, please call the athletic office. **COMPLETE ALL SIGNATURES BEFORE TURNING THIS IN AT THE ATHLETIC OFFICE**

I wish to take my child, _____, home from the
(Athlete's Name)
scheduled event because

Coaches Name: _____ Date Turned In: _____

I, _____, am accepting full responsibility for
(Parent/Guardian Name)
transporting my child home from this event.

1 – Parent Signature: _____

2 – Principle Signature: _____

3 – Athletic Director Signature: _____

Return to the **ATHLETIC OFFICE** 24 hours before the date of the contest.