

# Santa Paula High School

404 North Sixth Street • Santa Paula, CA 93060  
Phone • (805) 525.4400 ext. 9702 Fax • (805) 933.5927



Date of Away Game: \_\_\_\_\_

Athletes Name: \_\_\_\_\_

Away Game Location: \_\_\_\_\_

I, \_\_\_\_\_, Parent/Guardian of  
(Please Print Name)

\_\_\_\_\_ will be taking responsibility for the  
(Student Athlete Name)

above athletes transportation after today's away game only.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Coaches Signature for approval)

***(Parent Transportation Consent Forms are to be turned in to the head coach in advance. They are due no later than the scheduled departure time for that contest. Failure to do so will result in student athlete remaining with the team the entire time. NO EXCEPTIONS). Thank You For your Cooperation.***