## FREMONT ATHLETICS TRANSPORTATION WAIVER

STUDENT:		
SPORT/ACTIVITY:		
This waiver is for the trip to:		
Held on		
REASON FOR WAIVER:		
without the approval of the Athletic can <b>NOT</b> transport any other studen <b>COMPLETED AND RETURNE ATHLETIC TRIP.</b>	ion in school provided to the require other arrange with anyone other than to Director. If approval into the toor from the event. DAT LEAST (1) DAY parent or guardian of the hold Fremont Public Somay transpire as a result	transportation. We realize that ements. At no time will we allow a parents to and from athletic events is granted for a student to drive they THIS WAIVER NEEDS TO BE PRIOR TO THE DAY OF THE are student seeking permission, I hereby chools and its agents harmless from
Signature of Parent/Guardian		Date
Signature of Coach		Date
Signature of Athletic Director		Date
Director of Athletics: Dave Walls	Fremont High School 5421 S. Warner Fremont, MI 49412 Fax: 231 924-7392	Secretary: LeAnna Perkins
Email: dwalls@fremont.net		Email: lperkins@fremont.net

"Home of the Packers"

Phone: 231 924-7373

Phone: 231 924-7329