



Seeking Fellowship in Faith, Solidarity in Service, Excellence in Education

St. Mel Athletics

Date _____ Sport _____

Athlete's Name _____

Parent's Name _____

Parent's Driver's License # _____

Driver's Insurance Policy # _____

Driver's Insurance Policy Company _____

My child _____

has permission to drive to away games with:

- Any team parent
- Only a legal guardian
- Only the following team parent(s) _____

Signature _____