

# Saint Joseph Catholic Parish School

Since 1949



## Athletic Event Carpool Permission Slip

I give my child, \_\_\_\_\_,  
(first and last name)

permission to ride with the following people in order to attend and participate in any SJS scheduled athletic event for this current season.

*please list first and last name(s) of parent(s) responsible for transportation and phone number*

---

---

---

---

---

Date: \_\_\_\_\_ Sport in which the student is participating: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Coach's signature: \_\_\_\_\_

Athletic Director's signature: \_\_\_\_\_