



**C.C.A. SPORTS TRANSPORTATION FORM**

Student's Name \_\_\_\_\_

Date \_\_\_\_\_ Grade \_\_\_\_\_

I do hereby grant permission for \_\_\_\_\_ to accompany C.C.A. staff members to the following activity:

ACTIVITY: All practices and games for the 2009-2010 school year for the following sports (please circle all that apply)

BASEBALL      SOCCER      BASKETBALL      CROSS COUNTRY      SOFTBALL

In signing this form, I do take full responsibility for any and all injuries sustained by this student while in the care of CCA-appointed chaperones. I do so with the agreement that such activities are properly organized and supervised.

Signed \_\_\_\_\_ Date: \_\_\_\_\_



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