



WCGS Athletics Travel Permission Form 2024-2025

Dear Parents of Interscholastic Sports Participants;

Your athlete will have several off-campus competitions (games, meets, tournaments) during this school year for the interscholastic sport(s) he/she is registered for. The transportation for these events is fulfilled by coaches, parents or volunteer adult drivers who have been approved by the WCGS administration and Athletic Director.

It is expected that you will either take your athlete home from these off-campus sports events or arrange for him/her to be taken home by an adult relative or another parent. **There will be a sign-out sheet with the coach that you or your authorized driver must sign prior to leaving the facility.** If you are unable to arrange transportation, please notify the coach in advance so that other arrangements can be made.

I authorize my athlete (Name) _____ to ride in any vehicle designated and approved by Wheaton Christian Grammar School, its employees or adult volunteers while participating in and traveling to/from all of the team's off-campus sports events this school year. I agree to accept full responsibility, financially or otherwise, for any damage my athlete may do to the property of Wheaton Christian Grammar School, properties visited at off-campus sports events, other's personal property or vehicles used for transportation. We will not hold Wheaton Christian Grammar School responsible for any accident or injury.

I understand that asthma inhalers, injectable epinephrine and any other prescription medications in the Nurse's office prescribed for my athlete during the school day **WILL NOT BE SENT** on these off-campus competitions and that a parent/guardian is strongly recommended to attend such events and provide emergency medications as necessary. Also, a parent/guardian is strongly recommended to transport their own athlete to and from such events if they are prescribed any emergency medications. Parents who choose not to personally transport their athletes and attend these off-campus competitions knowingly and willingly assumes all medical and health risks to their athlete.

I also understand that personal injury can and may occur to my athlete, and I hereby authorize my athlete's driver and Wheaton Christian Grammar School personnel to seek and consent to emergency medical attention for my athlete as needed. I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release, and will hold harmless and indemnify Wheaton Christian Grammar School, its employees, agents and volunteers from and against any and all liabilities, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my athlete while participating in or traveling to or from these games, team practices or team gatherings. I agree and consent to all of the above.

Parent/Guardian Signature _____ Date _____