



CARPOOL AUTHORIZATION

Please list up to three (3) individuals that have authorization to transport your child to and from soccer games and/or practices during the **2016 SOCCER SEASON**.

1. Name _____ Relation _____

2. Name _____ Relation _____

3. Name _____ Relation _____

If the individual picking up your child is not listed on this form, then the Parent must provide a written note authorizing someone other than those on this list to pick up a student from school for carpool purposes

Child's Name

Date

Signature of Parent/Guardian

Date