



UBIC Academy



560 Flomich Street
Holly Hill, Florida 32117

T 386-947-7428
E PastorJosh@ubicacademy.com

UBIC Academy Athletic Alternate Travel Permission Slip

This is an athletic travel permission form. It must be filled out and returned to our Athletic Director before the upcoming season begins, or at least 24 hours before the contest. We will follow these guidelines concerning your child when traveling to all of our athletic contests.

Team unity is very important to the overall success of an athletic program and traveling together aids in building that team unity. As such, we request that each athlete go to and return from all athletic contests with the team. We also realize that parents will want to take their children home from athletic events from time to time. We do not want to have athletes traveling with anyone other than their parents/guardians, or those that their parents have deemed suitable. Because of this, it will be necessary to have this permission form on file. This form will be used in the case of an athlete traveling home with parents, traveling with an older sibling, or traveling with another family after a game. In the case of traveling home with another family, both parents will need to sign the travel permission form. ALL student athletes are required to ride official UBICA transportation to the athletic event.

By signing this form you will release UBICA and its agents from any claim, liability, damage, or loss of any type whatsoever which may arise in connection with the choice you have made. In doing so, you acknowledge your authority to sign this release. In order for a release to be granted for a student-athlete to ride with another family, both families must agree with the riding situation. Therefore, both families must sign this waiver and have it on file in the athletic office.

ATHLETIC TRAVEL PERMISSION FORM

I, _____, provide consent for my child _____, to travel
(Name of Parent / Guardian) (Name of Minor)

from any/all UBICA athletic events with _____
(Name of Transporting Party)

(Signature of Parent / Guardian)

(Date)