

SHAKOPEE HIGH SCHOOL  
**OPT OUT OF TRANSPORTATION WAIVER**  
SABER ATHLETICS

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ SPORT: \_\_\_\_\_

MY STUDENT HAS PERMISSION TO:  
(CHECK ALL THAT APPLY)

☐

RIDE WITH A PARENT/ GUARDIAN

☐

DRIVE THEMSELVES

☐

RIDE WITH ANOTHER STUDENT

☐

RIDE WITH ANOTHER ADULT/ PARENT

BY SIGNING THIS FORM, I AS THE PARENT/ GUARDIAN ASSUME ALL RESPONSIBILITY.  
I WILL NOT HOLD SHAKOPEE PUBLIC SCHOOLS LIABLE FOR ANY ACCIDENT OR INJURY  
THAT MAY OCCUR WHILE TRANSPORTING MY STUDENT TO OR FROM THIS ACTIVITY.

THIS FORM IS GOOD FOR THE ENTIRE SEASON

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FORM TO BE TURNED IN TO COACHES BEFORE THE FIRST COMPETITION DATE.  
COACHES TO KEEP FORM ON FILE FOR THE SEASON.

