

Wisconsin Valley Lutheran High School
Golf Transportation Permission Form

I/We _____ will allow the following transportation
Name(s) of parent(s)
for our student athlete _____ to designated golf courses for
Names of student
practice and meets for the 2018 golf season.

PLEASE CHECK ALL THAT APPLY.

_____ Drive themselves only

_____ Drive other student athletes (Please list other student athletes if you desire your student to only drive specific students)

_____ Ride with other student athlete drivers (If desired, please indicate student athlete drivers with which the student is allowed to ride)

_____ Ride with adult driver

Signature of parent (s)

I understand my parents' golf transportation instructions and will adhere to them.

Signature of student athlete