

**Dakota High School Athletic Department**  
**21051 21 Mile Road**  
**Macomb, MI 48044**  
**Phone: (586) 723-2800 / Fax: (586) 723-2801**

**ATHLETIC OFF-CAMPUS PERMISSION FORM**

**Purpose:** This form communicates to the student's parents, the particulars of this school sponsored activity, and affords the coach information necessary to act reasonably in the case of an accident, emergency, or other situation which might arise during this activity.

GIRLS 9<sup>TH</sup> - BBALL      TIMPA      \_\_\_\_\_  
Sport                                  Coach                                  Student's Name

12/6, 12/15, 1/5, 1/9, 1/17, 1/24, 1/31      \_\_\_\_\_  
Date (s) of game/activity      Mode of Transportation (Parent/Student/Other Vehicle)

2/8, 2/22

\_\_\_\_\_  
Parent's Name                                  Telephone Number                                  Alternate Telephone Number

Emergency Name and Telephone No. \_\_\_\_\_

I hereby give my child permission to participate in the above named activity and do hereby relieve the Chippewa Valley School System of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the student Code of Conduct.

All students must travel according to the mode indicated above unless a special written arrangement is made between parent and coach.

This form must be completed and in the possession of the coach prior to activity departure and taken by the coach to the activity.

\_\_\_\_\_  
Parent/Guardian Signature                                  Date