

SPORTS for Exceptional Athletes

Transportation Authorization Form

Name of Athlete _____ has my permission to be transported by _____ to/from _____ S4EA activity in their private vehicle.

Driver Auto Insurance (must have full coverage, including medical payments & uninsured/under insured bodily injury): Policy # _____

If I choose, I can withdraw my permission at any time.

Printed Name (Parent/Guardian, or Athlete if 18 or older) _____

Relationship to Athlete _____

Signature _____ Date _____

Phone # Home _____ Cell _____ Work _____

Send completed S4EA Transportation Authorization Form to:

SPORTS for Exceptional Athletes: 8380 Vickers Street Suite E, San Diego 92111

Email: sds4ea@gmail.com

Questions: Call S4EA at 858-565-7432

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For S4EA staff/board approval only

Name _____ Date _____

Position _____ Initials _____