



## AUTHORIZATION OF TRANSPORTATION

I hereby authorize **Rhythm Dribble, Inc.** to transport my child to any and all activities. In the event that I elect NOT to have my child participate in a particular activity, I will notify the school in writing of my decision. Furthermore, I will make alternative arrangements for my child for the duration of the planned activity.

1. Student(s) Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Time School Lets Out: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Parent/Guardian (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

(Print additional sheets for multiple children)