

# SWEENY ISD

## TRAVEL AND SUPERVISION WAIVER

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Athlete: \_\_\_\_\_

Parent: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

Parent Cell: \_\_\_\_\_

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

I understand that by signing this form, I am ensuring Sweeny ISD that this waiver is pertaining to my child only and I am not signing my child out to another parent. Sweeny ISD is not responsible for any supervision or behavioral issues during the time the athlete is with their parent. The athlete is under supervision of the parent during this time. I understand that all of the following signatures have to be present for the waiver to be approved.

Parent Signature: \_\_\_\_\_

Coach Signature: \_\_\_\_\_

A D Signature: \_\_\_\_\_

