



Parental Travel Permission/
Student Rider

(Student Name) _____

has my permission to travel with:

(Student Driver) _____ between the NHS main campus and his/her scheduled competition site. I indemnify Noblesville Schools and the student driver for any and all responsibility for damages or injuries to any vehicles or persons involved in any accident involving self-transportation to events.

Student Name Printed: _____

Student Signature: _____ Date: _____

Parent Name Printed: _____

Parent Signature: _____ Date: _____

Please return signed transportation agreement to Leah Wooldridge, Rich Champion, or Bobbi Davis in the athletic office.

NOBLESVILLE HIGH SCHOOL ATHLETIC DEPARTMENT

18111 Cumberland Road | Noblesville, IN 46060 | P 317-776-6266 | F 317-776-6287 | NoblesvilleMillers.com
Athletic Director: Leah Wooldridge | Asst. Athletic Director: Rich Champion | Secretary: Bobbi Davis | Assistant: Andrew Trisler