



Parental Travel Permission/  
Student Driver

(Student Name) \_\_\_\_\_

has my permission to travel between the NHS main campus and his/her scheduled competition site. I indemnify Noblesville Schools 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