

Desert Mirage High School

PARENTAL REQUEST TO PICK UP STUDENT FROM ATHLETIC TRIPS/ACTIVITIES

Name of School Principal: Mrs. Alma Gonzalez

School Name: Desert Mirage High School **Year:** 2018-2019

Coach/Advisor's Name: _____

**PARENTAL REQUEST TO PICK UP STUDENT FROM ATHLETIC TRIPS/ACTIVITIES
CONSENTIMIENTO PARA RECOGER AL ALUMNO DEL EXCURSION/ACTIVIDAD ESCOLAR**

I, _____, parent of the following student do hereby request permission to pick up my child from the following athletic/activity trip. Once I pick up my son/daughter I will take full responsibility for his/her safety and welfare.

Reason for picking up child: _____

Name of student: _____
(Nombre del Estudiante)

Event/Activity: _____
(Excursion/Actividad)

Date of event/activity: _____
(Fecha de la Excursion/Actividad)

I/We hereby waive all claims against the Coachella Valley Unified School District &/or the State of California for injury, accident, illness or death occurring during or by reason of the athletic trip/activity.

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Yo/Nosotros renuncio (Ciamos) a culaquier demanda en contra el Distrito Escolar de Calexico y/o del Estado de California, de danos o muerte que ocuradurante o por causa de la excursion/actividad escolar.

(Signature of Parents/Legal Guardian)
(Firma de Padres/Tutor Legal)

(Date/Fecha)

(Printed Name of Parents/Legal Guardian)
(Imprima Nombre de Padres/Tutor Legal)

(Telephone/Telefono)

*****Give this completed document to AD 24 hours in advance of game
Questions, call: Joe Trabucco, Athletic Director @ 1-760-848-1394**

Parental request for 1 game-Date: _____

Parental Request for the season: _____