

**STOP!!!** Do not send this form with your registration!

This form MUST be in the possession of any non-custodial driver of minors.

### ***Transportation Release***

Name of Youth: \_\_\_\_\_

Home address & Phone: \_\_\_\_\_

**This form is required if a minor will be transported by an adult other than a custodial parent. Please note that all persons transporting minors must be at least 21 years of age.**

*The following persons have my permission to transport the above named minor to and/or from \_\_\_\_\_ on (dates) \_\_\_\_\_. I further grant permission to the person(s) listed below to act as my agent(s) while transporting my child, in authorizing any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act. (The above to occur only after reasonable efforts to contact the under-signed have been unsuccessful.)*

Name of person driving my child to the event:

\_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of person driving my child home from the event:

\_\_\_\_\_ Home Phone: \_\_\_\_\_

Comments, additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Signature of Custodial Parent:

\_\_\_\_\_

Please print name: \_\_\_\_\_

Phone numbers where you may be reached while your child is traveling to and from this camp or event:

\_\_\_\_\_

\_\_\_\_\_