



CARPOOLING PERMISSION FORM

Because practices for the Haverford High School Swim Team are located off-campus at The Haverford School, the Athletic Department has requested that all families provide their own transportation for their children to practice.

However, if families would like to carpool to practice, they must seek authorization from each family involved and submit this form to the athletic office. There must be parent/guardian authorization for each student involved in the carpool.

By signing below, all families are authorizing a parent/guardian from one of the said member families of the carpool to drive the students listed below to Haverford High School swimming practices during the season.

Student #1: _____ Parent #1: _____

Parent #1 Signature: _____ Date: _____

Student #2: _____ Parent #2: _____

Parent #2 Signature: _____ Date: _____

Student #3: _____ Parent #3: _____

Parent #3 Signature: _____ Date: _____

Student #4: _____ Parent #4: _____

Parent #4 Signature: _____ Date: _____

Student #5: _____ Parent #5: _____

Parent #5 Signature: _____ Date: _____

Return this form to Mr. Stewart in Room 332