



SCYSA TRANSPORTATION CONSENT FORM

Player Information

- Player Name: _____
- Team/Age Group: _____

Parent/Guardian Information

- Name: _____
- Phone: _____
- Email: _____

Club Official Transporting the Player

- Name: _____
- Role (Coach / Manager / Referee / Board Member): _____
- Phone: _____

Transportation Details

- Date of Transport: _____
- Purpose: _____
- Starting Location: _____
- Destination: _____

Safe Sport Conditions

The transporting club official agrees to:

- Drive directly between the stated locations.
- Have the player sit in the back seat when possible.
- Avoid unnecessary stops.
- Maintain professional conduct throughout.

Emergency Exception (Acknowledged by Parent)

If immediate transport is required for safety and the parent cannot be reached, the club official may act in the child's best interest while notifying the parent and Technical Director as soon as possible.

Parent/Guardian Consent

I authorize the listed SCYSA club official to transport my child as described above.

Signature: _____

Date: _____