



11-12 Transportation Program

School: _____ **Home Rte #** _____

Member Name: _____ GR: _____
(First) (Last)

Parent Name: _____
(First) (Last)

Daytime Telephone: _____

Emergency Contact: _____
(First) (Last)

Phone Number: _____ Relation: _____

My son or daughter will be riding Monday Thursday
 Tuesday Friday
 Wednesday

I understand that my son or daughter must use the transportation program 50% of the week in order to maintain there spot on the roster. _____
(Initial)

I understand that if my child misses the bus to the Club, it is my responsibility to pick them up from school, as the Club staff members are not available to do so. _____
(Initial)

Parents'/Guardians' Consent

I/We the parent(s) of the above named member(s) of the Boys & Girls Clubs of Thurston County, give approval for participation in the above named Club-sponsored activity. I/We assume all risks and hazards incidental to such participation including transportation to and from the activity; and I/We do hereby waive, release, indemnify, and agree to hold harmless the Boys & Girls Clubs of Thurston County, the organizers, sponsors, supervisor, participants, and persons transporting my/our child, whether the result of negligence or for any other cause. I/We further give consent to him/her being given a physical exam or emergency treatment by a physician or a hospital in case of an emergency. I/We further authorize the above named for pictures which may be used in Club publicity.

Parent/Guardian Signature _____