

Sports Teams: **All Sports Teams during the 2023-2024 school year**

Coach: **MCS approved coaches as hired by Athletic Department**

Trip Attire: **As determined by the coach**

Transportation Plan: **Parent drivers unless otherwise approved by coach and/or athletic director**

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**Transportation Agreement**

**Please submit one form per family**

My child(ren) \_\_\_\_\_ has/have  
permission to be transported by approved drivers for the 2023-2024 school year.

Interested in driving other players

Parent Name: \_\_\_\_\_

Please complete the Approved Drivers Form, on the reverse side of this page along with a copy of your Driver's License and Insurance Card if you are planning on transporting players to and from games.

In consideration for the opportunity to participate in the trip and activities listed above, the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by Mansfield Christian School and its employees. Further, the participant (or parent/guardian) releases and promises to indemnify, and hold harmless Mansfield Christian School, its trustees, employees, volunteer drivers, and chaperones for any injury arising directly or indirectly out of the described activity or transportation to and from the activity.

Parent/guardian signature \_\_\_\_\_

Parent/guardian name printed \_\_\_\_\_

Date \_\_\_\_\_

## Approved Driver Application

Thank you for your interest in transporting Mansfield Christian students on a school-sponsored trip. Please return the completed application with a copy of your driver's license and a copy of your insurance policy to the elementary, secondary or athletic office. Once the completed application is submitted, MCS staff will use the provided information to view your BMV Report.

Name of Driver:	
Phone Number:	
Owner of Vehicle:	
Make of Vehicle: (List all)	
Driver's License Number:	
Driver's License Expiration Date:	
Last four of SS Number:	
Insurance Carrier:	
Policy Number:	
Policy Expiration Date:	

I have not been convicted of a misdemeanor or felony driving under the influence charge. I do not have a driving under the influence pending. I have not had more than one moving violation within the past two years. I do not have more than two BMV points charged against my driving record. I understand that my own automobile liability coverage is the primary coverage in case of an accident. It is my responsibility to inform the school immediately of any material change in the above information.

\_\_\_\_\_

Driver Signature

\_\_\_\_\_

Date

For office use:     Driver's license     Insurance     BMV report

\_\_\_\_\_  
Administrator  
for one year.

\_\_\_\_\_  
Approval Date    Approval is granted