



**ROCHESTER CENTRAL LUTHERAN SCHOOL
ATHLETICS DEPARTMENT
2619 9TH AVE. NW ROCHESTER, MN 55901
PHONE: (507)289-3267 FAX: (507) 287-6588**

Parent Transportation Form

This form is designed to allow parents to transport RCLS students other than their own to and from athletic events. By signing this form, you attest to the following items:

1. That you will drive with proper caution and speed.
2. That you have proper, up-to-date auto insurance.

Insurance Company name: _____

3. That you will enforce and monitor seatbelt use.

I have read and will support these statements.

Name: _____

Signature: _____

Phone Number: _____