

# SPORTS for Exceptional Athletes

## Transportation Authorization Form

Name of Athlete \_\_\_\_\_ has my permission to be  
transported by \_\_\_\_\_ to/from \_\_\_\_\_  
S4EA activity in their private vehicle.

If I choose, I can withdraw my permission at any time.

Printed Name (Parent/Guardian, or Athlete if 18 or older) \_\_\_\_\_

Relationship to Athlete \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone # Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Send completed S4EA Transportation Authorization Form to:

SPORTS for Exceptional Athletes: 8380 Vickers Street Suite E, San Diego 92111

Email: [sds4ea@gmail.com](mailto:sds4ea@gmail.com)

Questions: Call S4EA at 858-565-7432

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For S4EA staff/board approval only

Name \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Initials \_\_\_\_\_