



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LHY SWIM TEAM DUAL MEET BUS FORM

LHY vs. _____ DATE ____/____/____
(team)

CHILD'S NAME: _____

I will be responsible for the transportation of the above-named
child(ren) OR I give permission for my child(ren) to be driven by:

(name of parent or guardian)

CIRCLE ONE OR BOTH:

Going to the Meet

Returning From the Meet

PARENT OR GUARDIAN SIGNATURE

DATE

SIGNATURE OF DRIVER (if different)

DATE

Please submit this form to the appropriate dual meet coach via the
swim team office or email ASAP

(preferably before the day of the meet):

Please circle the name of the coach this form is going to:

GIRLS A: DAVE

GIRLS B: GREG

GIRLS C: ANNE

BOYS A: MATT

BOYS B: MIKE