Cabrillo College
Breakthroughs happen here™

APTOS
WATSONVILLE
SCOTTS VALLEY

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# Cabrillo Extension Summer Youth Programs

## Alternative Transportation Authorization

**Class Name:_____ Date(s) of Class:_____**

**Child/Minor Name_____ Gender:____Birth Date:_____**
**Last First**

Please review the information below and specify ***ONE*** selection.

I, _____, (Parent/legal guardian) hereby authorize_____ (Child's name) to: (please circle only one option below)

- Walk home from the Cabrillo Summer Youth Program activity
- Bike home from the Cabrillo Summer Youth Program activity
- Take the bus home from the Cabrillo Summer Youth Program activity
- Drive home from the Cabrillo Summer Youth Program activity

I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my / minor's transportation to and from Cabrillo College. I agree I am financially responsible for any losses resulting from my / minor's method of transportation and will indemnify Cabrillo College and the officers, directors, employees, and agents of same for any loss or damage caused by myself / minor during this activity.

_____ _____ _____
Parent/legal guardian (print) Signature Date