



APTOS  
WATSONVILLE  
SCOTTS VALLEY

6500 Soquel Drive  
Aptos, CA 95003  
831.479.6100  
www.cabrillo.edu

## 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
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