



Mattawan Consolidated School

Fifty-Six Seven Twenty Murray Street

Mattawan, Michigan 49071-9543

269-668-3361

FAX: 269-668-2372

Authorization for Athletes to Drive

To Whom It May Concern:

_____, a student at Mattawan High School, has my permission
(Student's Name)

to drive to _____ on _____ for the designated
(location) (date)

sporting event of _____.

I accept all responsibility for my son/daughter for opting to drive, including:

- valid insurance;
- vehicle operating expense;
- any liability resulting from this decision; and

will not hold Mattawan Consolidated School responsible for events that may result from my decision regarding this matter.

I also understand and accept that if the administration of Mattawan Consolidated School determines that this driving privilege has been abused, this permit may be revoked at any time.

Parent/Guardian Signature

____/____/____
Date Signed

Student Signature

____/____/____
Date Signed

FOR SCHOOL USE ONLY:

This permit ' approved ' denied for the 20____ - 20____ school year.

Administrator Signature

____/____/____
Date Signed