



# Mattawan Consolidated School

Fifty-Six Seven Twenty Murray Street  
Mattawan, Michigan 49071-9543

269-668-3361  
FAX: 269-668-2372

## Authorization for Athletes to Ride

To Whom It May Concern:

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

to ride to ride with \_\_\_\_\_ to the \_\_\_\_\_ event  
(Driver's Name) (Sport)

at \_\_\_\_\_.  
(Location)

I accept all responsibility for my son/daughter for opting to ride, including 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 riding privilege has been abused, this permit may be revoked at any time.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Signed

\_\_\_\_\_  
Student Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Signed

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**FOR SCHOOL USE ONLY:**

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

\_\_\_\_\_  
Administrator Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Signed