

# PARENT/GUARDIAN AGREEMENT TO TRANSPORT STUDENT TO OR FROM AN EVENT

\*\*\*This form must be completed and returned to the athletic department  
twenty-four (24) hours prior to said activity.

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Team: \_\_\_\_\_ Coach: \_\_\_\_\_

I understand that the school will provide transportation for my son/daughter to ride to and from  
\_\_\_\_\_ (opposing school) on \_\_\_\_\_ (date). However, I wish  
to transport him/her myself on the above mentioned date. I understand that in doing so I waive my Child's  
insurance coverage through this school district and through the MHSAA. I further understand that each coach  
has a transportation policy that my son/daughter agreed to adhere to when they committed to this team.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal or Athletic Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS TO THE ATHLETIC OFFICE  
24 HOURS IN ADVANCE OF EVENT  
Fax To: 810-591-8116**

**THANK YOU**