**SALINE SCHOOL DISTRICT**
**ATHLETIC DEPARTMENT**
**1300 Campus Parkway**
**Ann Arbor, Michigan 48176**
**Athletic Office (734) 429-8021**
**Athletic Fax (734) 429-8052**

# PARENT TRANSPORTATION PERMISSION FORM
## 2007-08 School Year

_____ _____ _____
Student Name(s): Team Date:

Choose A or B (INITIAL, WHICH ITEM (S) APPLY):

A. The above names student(s) has permission to travel _____ **to and/or**_____**from** to today's contest in a private vehicle with his/her parents (guardians).

B. The above names student(s) has my permission to travel _____**to and/or**_____**from** today's contest in a private vehicle with the parents _____(guardians) of _____.

I understand that by giving permission I release the Saline School District and the district's representatives from all responsibility for my son/daughter during the trip in a private vehicle.

Further, I understand that I must notify the coach when I leave the athletic site with my student-athlete (after all required team activities are completed).

_____ _____
Parent/Guardian Signature School Administrator Signature

PLEASE NOTE:
THIS FORM MUST BE TURNED IN TO THE COACH with ALL signatures and information in place. The Coach will keep all permission forms or forward to the Athletic Office.