

**FAMILY PERMISSION FOR ATHLETIC TRANSPORTATION IN
A PRIVATE VEHICLE**

My son/daughter _____ has permission
to travel in a private vehicle driven by:

_____ His/her parents only

_____ Any team parent

or with following adults:

When competing for the Pioneer _____ team.

I understand the school does not carry insurance covering the
driver or the student.

I will not hold the school district liable for accident or injury on
the trip.

Date: _____

Parent Name: _____

Parent Signature: _____

*Return signed form to coach. Separate permission form is
required for each season.

Pioneer High School Athletics
601 W. Stadium Blvd.
Ann Arbor, MI 48103
734.994.2151

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