



ALGONAC ATHLETIC DEPARTMENT

Athletic Director: Jamie Thiede
jthiede@algonac.k12.mi.us
5200 Taft Rd. Clay Twp., MI
810-794-4911 ext.1260
Fax: 810-794-8879

*'Home of the
Muskrats'*

By signing below, I understand that I am taking full responsibility for the transport of my son/daughter _____ to/from the athletic event taking place on _____ at _____.

Signed: _____ Date: _____

By signing below, I understand that I am taking full responsibility for the transport of my son/daughter _____ to/from the athletic event taking place on _____ at _____.

Signed: _____ Date: _____

By signing below, I understand that I am taking full responsibility for the transport of my son/daughter _____ to/from the athletic event taking place on _____ at _____.

Signed: _____ Date: _____

By signing below, I understand that I am taking full responsibility for the transport of my son/daughter _____ to/from the athletic event taking place on _____ at _____.

Signed: _____ Date: _____