

The Martial Arts and Athletic Center

3820 Line Ave., Amarillo, TX 79106

806-322-1080



SCHOOL PICK-UP PERMISSION FORM

I hereby give the MAAC and its staff permission
to pick-up my child,

(Child's Name)

From _____

School Name

At: _____ (p.m.)

Time

Date

X

Signature of Parent or Guardian

Please notify your school that our child will be attending the MAAC.

If there are any special instructions please list them below:

(Example: will be next to a certain sign, certain side of the school building, etc.)

