

# Athletic Team Travel and Consent Form

Please complete this form to grant permission for the student-athlete to travel with the team for athletic events.

## 1. Student-Athlete Information

Full Name of Athlete:

Date of Birth (MM/DD/YYYY):

Grade Level:

Sport / Team:

## 2. Parent or Guardian Information

Parent/Guardian Name:

Primary Phone Number:

Alternative Phone Number:

Email Address:

## 3. Emergency Contact Details (If Parent/Guardian cannot be reached)

Emergency Contact Name:

Relationship to Athlete:

Emergency Contact Phone:

## 4. Travel and Event Details

Destination / Event Location:

Departure Date (MM/DD/YYYY):

Departure Time:

Estimated Return Date (MM/DD/YYYY):

Estimated Return Time:

Method of Transportation:

## 5. Consent and Liability Release

I, the undersigned parent or legal guardian, hereby grant permission for my child to travel to and participate in the athletic event(s) listed above. I understand that the team will travel via the designated method of transportation under the supervision of the coaching staff and school representatives.

In the event of an emergency, I authorize the team staff to secure necessary medical treatment for my child if I cannot be reached immediately.

## 6. Signatures (For Print and Sign)

Parent/Guardian Printed Name:

Parent/Guardian Signature (Sign on Line):

Date Signed (MM/DD/YYYY):