

Minor Tennis State Championship Travel Consent

Name of Minor:

Date of Birth:

Address:

Event Information

Event Name:

Event Location:

Event Dates:

Travel Details

Departure Date & Time:

Return Date & Time:

Chaperone/Coach Name:

Parental Consent

I hereby give permission for my child, named above, to travel and participate in the State Championship Tennis event. I understand that my child will be supervised by the coach/chaperone listed above. I authorize them to seek necessary medical attention in the event of an emergency.

Parent/Guardian Name

Signature

Date