

Parental Consent for Ice Hockey Road Game Travel

Player's Full Name:

Team Name:

Trip Details

Game Location:

Game Date(s):

Parent/Guardian Information

Parent/Guardian Name:

Contact Number:

Emergency Contact

Emergency Contact Name:

Emergency Contact Number:

Medical Information

Relevant Medical Conditions/Allergies:

Consent Statement

I hereby give my consent for my child to participate in the above mentioned ice hockey road game and authorize team coaches/chaperones to arrange any necessary medical treatment in case of emergency.

Parent/Guardian Signature:

Date: