

Underage Track & Field Relay Meet Travel Authorization

Athlete Information

Name of Athlete

Date of Birth

Emergency Contact Name

Emergency Contact Phone

Meet & Travel Details

Event Name

Event Location

Date(s) of Event

Mode of Transportation

Traveling With (Coach/Chaperone Name & Contact)

Medical Information

Allergies or Medical Conditions

Medication (name, dosage, instructions)

Authorization

Parent/Guardian Name

Signature

Date