Athlete Travel Permission Slip				
Athlete Name:				
Sport/Team:				
Event/Trip Name:				
Date(s) of Travel:				
Destination:				
Coach/Chaperone Name:				
Contact Number:				
Medical Information	<b>1</b>			
Allergies/Medical Conditions:				
Emergency Contact Name:				
Emergency Contact Phone:				
Parent/Guardian Permission State	ment:			
Parent/Guardian Signature				
Date				