

Club Swimming Travel Consent Form

Swimmer Information

Swimmer's Full Name

Date of Birth

Age

Home Address

Parent / Guardian Information

Parent/Guardian Name

Phone Number

Email Address

Travel Details

Event Name

Event Date(s)

Destination

Medical Information

Medical Conditions / Allergies

Current Medications

Emergency Contact Name

Emergency Contact Phone

Consent & Authorization

I hereby give permission for my child to travel with the club swimming team and authorize the designated chaperones to act on my behalf in the event of an emergency. I confirm the information provided is accurate.

Parent/Guardian Signature

Date