Club Sports Away Game Consent Form

Participant Name	
Club Sport Team	
Ciub Oport Team	
Destination / Event	
Date of Event	
Departure Time	
Return Time	
Emergency Contact Name	
Relationship	
Emergency Contact Phone	
Medical Conditions/Allergies	
Consent Acknowledgement	
Participant Signature	7-4-
	Date
Parent/Guardian Signature (if under 18)	
Γ	Date