

# Competitive Team Tournament Travel Consent

Team Name: \_\_\_\_\_

Tournament Name: \_\_\_\_\_

Location: \_\_\_\_\_

Date(s): \_\_\_\_\_

## Participant Information

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

## Parent/Guardian Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

## Consent and Authorization

I, the undersigned parent/guardian, give permission for my child to travel and participate with the above-named team in the listed tournament. I authorize the team coaches and representatives to act on my behalf in case of medical emergency and consent to any medical treatment deemed necessary.

Medical Conditions or Allergies: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_