

Sports Team Parental Travel Authorization

This form gives consent for your child to travel with the sports team.

Participant Information

Child's Full Name:

Date of Birth:

Team/Club Name:

Travel Details

Event/Competition Name:

Destination:

Departure Date:

Return Date:

Parent/Guardian Information

Parent/Guardian Name:

Contact Number:

Email Address:

Medical Information

Relevant Medical Conditions or Allergies:

Medical Insurance Provider & Policy Number:

Authorization

I hereby authorize my child to travel with the team and acknowledge that all details given above are accurate.

Parent/Guardian Signature:

Date: