



Athletic Participation and Travel Consent Form

I, _____ the parent and/or legal guardian of _____
(Print Name) (Name of Student)
hereby give permission to my son/daughter to compete as a member of _____
_____ team.

I give permission for my son/daughter to travel by commercial carrier or volunteer driver to and from all
“away” games (meets) during the season which begins in the month of _____ and ends
in _____.

NOTE: If volunteer drivers are used, I give permission for my son/daughter to travel
with a volunteer driver who is a responsible:
a) Teacher _____ b) Parent _____ c) Student _____
(Please check all that apply.)

As well, I hereby authorize the Doctor and Nursing Staff of any Emergency Unit to undertake examination, investigation
and necessary treatment of my son/daughter in the event of a medical emergency.

Signature of Parent/Guardian Date

Thank you for your interest and support,
Athletic Department of _____
school name

- Note to Parent(s):
1. Students under the age of 18 are not permitted to transport other students.
 2. It is recommended that a team schedule accompany this Form.