

**To be completed by athletes travelling with another family:**

Athlete's Name: \_\_\_\_\_

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

Athlete's Cell Number \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Home # \_\_\_\_\_

Parent's Cell # \_\_\_\_\_

Please provide two emergency contact numbers: \_\_\_\_\_

**Parent In Charge:**

Team that Parent In Charge's athlete is on? \_\_\_\_\_

Parent in Charge Cell #: \_\_\_\_\_

Athlete of Parent In Charge Cell # \_\_\_\_\_

**Travel information:**

Flight Information: \_\_\_\_\_

Airline & Flight number(s) \_\_\_\_\_

Airport \_\_\_\_\_

Return \_\_\_\_\_

Depart \_\_\_\_\_

Hotel \_\_\_\_\_

**Medical Information:**

Does your child have any food allergies? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Is your child on any medication? \_\_\_\_\_

Does your child have any medical conditions such as asthma, diabetes? \_\_\_\_\_

What is the course of treatment? \_\_\_\_\_

Are there any other issues the Parent In Charge should be aware of? \_\_\_\_\_

\_\_\_\_\_

**Please provide copy of medical insurance card and attach to this form along with letter stating that Parent In Charge or Mike Talbot have permission to seek medical treatment for your child in the event of an emergency**

If your son or daughter will be travelling with another parent to a competition, it's imperative that each parent sign this form prior to departure:

Athlete's Parent

\_\_\_\_\_

Parent In Charge

\_\_\_\_\_

Team Coach

\_\_\_\_\_