



PLAYER TRAVEL INFORMATION FORM

In the event that a player is in need of transportation to an out-of-town tournament, the following information is required to accompany person(s) providing that transportation along with the appropriate expense funds listed below. A copy of this form should also be provided to the Team Parent or Responsible Team Representative.

Player Name: _____

Address: _____

Phone (home/cell): _____

Health/Accident Insurance Co: _____ Policy #: _____

Allergic to the following medications: _____

Current medications: _____

Physician: _____ Phone: _____

Date of last Tetanus Shot: _____

PERSON TO CONTACT IN EMERGENCY AND PHONE NUMBERS:

Parent: _____ Phone: _____

Other than parent: _____ Phone: _____

In the event my child, a minor (named above) requires medical care and treatment, emergency service, or the transportation in relation to these services, I hereby give my permission to person(s) listed below to seek medical attention where I cannot be contacted. Should this person exercise their consent hereunder upon the advice of a licensed health care provider, I knowingly and voluntarily exonerate and release them from any liability for this action.

Parent/Legal Guardian Signature

Date

TOURNAMENT: _____ DESTINATION: _____

SUPPLEMENTAL TRANSPORTATION REPRESENTATIVE(S): _____

TO TOURNAMENT: Player traveling with _____

Expected time of arrival: _____

FROM TOURNAMENT: Player traveling with _____

Expected time of arrival: _____

(1) If any of the above information changes, please notify your team parent. (2) If traveling by car with another player, you must give the parent driving this completed travel form and offer to help with gas reimbursement, usually \$15-\$30 depending on location of the tournament.

I have read and understand the above information:

Player Signature: _____ Date: _____

Parent Signature: _____ Date: _____