



Consent to Travel Form

Date Year:.....

I/weparent/guardian, give permission
for.....**to travel and attend various matches and
tournaments with members of Kilcock Canoe Polo Club.**

Name of Parent/Guardian.....

Address.....

Home Tel. No..... Mobile Tel. No.....

Name of Alternative Contact.....

Address.....

Home Tel. No..... Mobile Tel. No.....

MEDICAL

In the event of my son/daughter being taken ill or injured during this period, I consent to my child receiving medical treatment, which in the opinion of a qualified practitioner may be necessary.

Please give details of the following: allergies, medical condition or medication which your child may be taking.

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BEHAVIOUR

In extreme cases of bad behaviour my son/daughter may be asked to return home. This will be in liaison with me and may be at my expenses. I consider that my son/daughter is responsible and will be well behaved.

SIGNED.....(Parent/Guardian) DATE.....

I understand that I must be well behaved and agree to this.

SIGNED.....(Name of Junior) DATE.....