

PERMISSION TO TRAVEL

I _____ GIVE MY PERMISSION TO _____
PARENT OR GUARDIAN PERSON IN CHARGE

FOR MY SON / DAUGHTER _____ TO TRAVEL TO
NAME OF PLAYER

_____ TO PLAY HOCKEY ON _____
LOCATION DATE (S)

I FURTHER AUTHORIZE MEDICAL ATTENTION TO BE ADMINISTERED SHOULD IT BECOME NECESSARY.

PLAYER MUST CARRY HEALTH CARD

SIGNED: _____
PARENT OR GUARDIAN

DATE: _____