



Calgary South West United Soccer Club Travel Consent Form

Name of Player:

Age:

Name of Team:

Player Phone (If any):

Name of Parent/Guardian #1:

Name of Parent/Guardian #2:

Phone:

Email:

Address:

City:

Postal Code:

Travel/Trip Information:

Starting Date/Time:

Returning Date/Time:

Destination/Travel Area(s):

Travel/Trip Description:

Alberta Health Care Number:

List all/Any Medical Conditions or Concerns:

I hereby Authorize Calgary South West United Soccer Club as the Guardian of the Player for the designated trip, and time period. The guardian(s) have the authority to approve emergency medical procedures in the event that the parents cannot be contacted.

Signature:

Date/Time: