

Travel and Medical Authorization Form

To Whom It May Concern,

I/We, _____ (Full Name(s) of Custodial and/or Non-Custodial Parent(s)/Legal Guardian(s))

am/are the lawful custodial parent and/or non-custodial parent(s) or legal guardian(s) of:

Child's Full Name: _____ Date of Birth: _____ / _____ / _____

Address: _____ Phone: _____ - _____ - _____

_____, (Child's Full Name) has my/our consent to travel with
_____, (Supervisor Name) round trip/one way (circle one) between
_____ & _____ during _____ (Day) _____ (Month) _____ (Year) for the purpose of
participation in a Harbor Soccer Club soccer game(s).

During that period, _____ (Child's Name), is to be supervised by
_____, (Supervisor Name) and if necessary,
_____, (Supervisor Name) may seek medical attention on behalf of
_____, (Child's Name)

Parent(s) or Legal Guardian(s):

Full Name: _____ Signature: _____

Date: _____

Full Name: _____ Signature: _____

Date: _____