

Wasatch Mountain Amateur Hockey Association

Consent to Travel

Player Name: _____

Event/Activity: _____

Date(s) and Time(s): _____

Destination: _____

Supervising Adult(s): _____

I give my consent for the above named player to travel with the above named supervising adult(s) as specified. I authorize the supervising adult to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the Player, in the event of the Player's illness, injury, or incapacity, and hereby accept the responsibility to pay for such treatment.

Name of Parent or Legal Guardian: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____

Date: _____

Signature of Parent or Legal Guardian: _____

**This form is to be carried by the above named
supervising adult(s) during the entire period of travel.**