



# LAMAR SOCCER CLUB ATHLETE TRAVEL CONSENT FORM

## I. The Parent(s)

I/We, \_\_\_\_\_, am/are the lawful custodial parent(s) and/or non-custodial parent(s) or legal guardian(s) of:

## II. The Athlete

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Assigned Team: \_\_\_\_\_

## III. Traveling Alone/Accompanying Person

- I authorize my child to travel **alone**.

- I authorize my child to travel **with the following individual/organization**:

- Individual/Organization Name: \_\_\_\_\_
- Relationship to Child (if applicable): \_\_\_\_\_

## IV. Itinerary

I authorize my child to travel with LSC during the period beginning on \_\_\_\_\_, 20\_\_\_\_ and ending on \_\_\_\_\_, 20\_\_\_\_.

## V. Signature(s)

Parent / Legal Guardian Signature \_\_\_\_\_

PRINTED Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent / Legal Guardian Signature \_\_\_\_\_

PRINTED Full Name: \_\_\_\_\_

Date: \_\_\_\_\_