



Cecil Skipjacks Amateur Athletics, Inc.

TRANSPORTATION PERMISSION SLIP

_____ has my permission to travel by team bus to any athletic contest and/or program.

I agree to indemnify and hold harmless Cecil Skipjacks Amateur Athletics, its coaches, managers, board members, sponsors and or volunteers from any losses, damages or injuries which my son/daughter may sustain resulting from my child's participation in the Cecil Skipjacks sports programs traveling to and from any games and/or programs.

Parent Signature _____
Date

Cecil Skipjacks Amateur Athletics, Inc. has my permission to grant consent for emergency medical treatment to be administered to _____ during the athletic season.

Family Insurance Company: _____
Under the Name of: _____
Policy Number: _____
Known allergies to medicines: _____
Known medical conditions: _____
Does your child take any medications regularly? _____ yes _____ no
If so, for what purpose? _____

Parent Signature _____
Date

Emergency Contact Phone Number