

# Oregon Juniors Travel Release Form



Player Name \_\_\_\_\_ Team \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

Health/Accident Insurance company \_\_\_\_\_

Policy number \_\_\_\_\_ Group number \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies? \_\_\_\_\_

Other medical concerns \_\_\_\_\_

### *People to contact in case of emergency*

Parents \_\_\_\_\_ Cell numbers \_\_\_\_\_

Others \_\_\_\_\_ home phone \_\_\_\_\_ cell phone \_\_\_\_\_

In the event my child, a minor (named above) requires medical care and treatment, emergency service, or the transportation in relation to these services, I hereby give my permission to person's listed below to seek medical attention where I cannot be contacted. Should this person exercise his/her consent hereunder upon the advice of a licensed physician, I knowingly and voluntarily exonerate and release him/her from any liability for this action.

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

**Tournament:** \_\_\_\_\_ **Destination:** \_\_\_\_\_

Travel Plans *to* this Trip: Drive Fly (circle one)

Player is traveling with: \_\_\_\_\_

Flight: \_\_\_\_\_ Departure Date \_\_\_\_\_ Time \_\_\_\_\_

Parent responsible for player at tournament (on the same team): \_\_\_\_\_

Travel Plans *from* this Trip: Drive Fly (circle one)

Player is traveling with: \_\_\_\_\_

Flight: \_\_\_\_\_ Departure Date \_\_\_\_\_ Time \_\_\_\_\_

***If your daughter is traveling without you, please make sure she has spending money, food money and access to a cell phone. Please discuss behavior expectations and responsibilities.***

I have read and understand the above information:

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

***A copy of this should go to both the coach and the assigned parent***