**PARENTAL TRAVEL PERMIT** 

**JUNIOR STATE CHAMPIONSHPS**

*Please complete all details and sign the form and return it to your Child’s Team Manager, retaining the detachment below for your records.*

**SECTION 01 – VEHICLE DECLARATION**

|  |  |  |  |
| --- | --- | --- | --- |
| ***DECLARATION – Family Carers for Travel to / from Championships*** | | | |
| ***Dear Parent / Guardian / Volunteer,***  ***Thank you for offering to transport students/children in your motor vehicle.***  ***Could you please sign and return this form as proof of your acceptance of the following;***   * ***You hold a current driver’s license (full or provisional)*** * ***The car you will be driving is registered*** * ***You understand that neither the Association does not accept responsibility for any claims which may result from a vehicle accident*** * ***Seat belts in the car will be used by all passengers*** * ***The car you will be driving is covered by Third Party & Comprehensive Insurances*** * ***Provided family with my contact details during the Trip & Junior Sports Championships*** | | | |
| **NAME** |  | **SIGNATURE** |  |

**SECTION 02 – FAMILY DECLARATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Family Details*** | | | | | |
| **Players Name** |  | | | | |
| **Address** |  | | | | |
|  |  | | **Post Code** | |  |
| **Home Phone** |  | | **Mobile** | |  |
| **Email** |  | | | | |
| ***Confirming the release of my child to the care of the Team Management & Parental Support Group for the Junior Hockey State Championships*** | | | | | |
| **NAME** |  | **SIGNATURE** | |  | |

-------------------------------------------------------------------- DETACH HERE ----------------------------------------------------------------------

**SECTION 03 – FAMILY REFERENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| ***JUNIOR STATE HOCKEY CHAMPIONSHIPS - GUARDIAN CONTACT DETAILS*** | | | |
| **NAME – Team Coach** |  | **MOBILE** |  |
| **NAME - Manager** |  | **MOBILE** |  |
| **Name - Chaperone** |  | **MOBILE** |  |
| **NAME – Travel Family** |  | **MOBILE** |  |
| **ACCOMMODATION**  **NAME** |  | **ACCOMMODATION TELEPHONE** |  |
| ***The above are the contact details of Team Chaperone and Parent/Family assisting in taking your child to the Junior State Hockey Championships.*** | | | |