



## TRAVEL PERMISSION

### Overnight/Travel Agreement

- Young Player and Parent/Guardian

Event: \_\_\_\_\_ Venue: \_\_\_\_\_

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

#### **YOUNG PLAYER.**

I have read the conditions and rules set down by Irish Squash for underage players travelling to events and the rules of conduct set out by Irish Squash. I agree to abide by these rules and to behave appropriately at all times. I have been informed about the person appointed to deal with any concerns I may have.

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

**PRINT NAME:**

#### **PARENT/GUARDIAN OF UNDERAGE PLAYER.**

I have read and accept the guidelines and regulations contained in Irish Squash's Code of Conduct including the regulations for underage players travelling to events requiring overnight stays. I agree to furnish full details of any medical condition, allergies, medication, or special requirements needed by my child. I agree that this information can be passed on if required but only if this is in the best interests of the child.

**Details of Medical Condition/Medication/Allergies or other condition:**

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Parents/Guardians Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print:

**EMERGENCY CONTACT NUMBERS:**

**Parent/Guardian:** Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Other Adult: (to be contacted if unable to contact above)**

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

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_