

Transport Consent Form

Parent/Carer Contact Information

Parent/ Carer's Name			
Parent/ Carer's Address			
Email address			
Home phone number		Mobile Number	
Emergency Contact name		Emergency Contact Number	
Relationship of emergency contact to player			

Consent (please print clearly)

I, (parent/carers name) give permission for
..... (child's name) to be transported on:

Date: OR Full Season:(2017/2018)

By:(driver's name)

Venue pick up address		Venue drop off address	
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I agree that I will be at the drop off point on time to collect my child.

..... Date:
Parent signature

..... Date:
Driver Signature

..... Date:
Club Safeguarding Officer Signature