

# SCST Fishers Travel Trip

January 13 – 15, 2012

ATHLETE'S NAME: \_\_\_\_\_

ATHLETE'S EMAIL: \_\_\_\_\_

ATHLETE'S CELL PHONE: \_\_\_\_\_

## SCST SWIMMING PERMISSION FORM

I, the undersigned parent, or guardians of \_\_\_\_\_ give permission to my child to travel with SCST. For the purpose of this training trip and other related activities. I also appoint administrators and coaches to act in my place and authorize emergency medical treatment if necessary.

Parent or Guardian Signature: \_\_\_\_\_

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

### PARENT/ GUARDIAN INFORMATION:

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

Work Phone Number: \_\_\_\_\_

Cell Phone: Father \_\_\_\_\_ Mother \_\_\_\_\_

Email Address: \_\_\_\_\_

Please submit an email address that is checked on a regular basis

### MEDICAL AND EMERGENCY INFORMATION:

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Please submit an email address that is checked on a regular basis

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\*\*\*Additional medical information should be attached to this form\*\*\*