

**Appendix 10**

**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**: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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |