

**Appendix 10**

**TRAVEL PERMISSION**

**Overnight/Travel Agreement**

- Young Player and Parent/Guardian

**Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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| **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**: |

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