



TRAVEL DECLARATION OF CONSENT

Version 1.0



Travel Deceleration of Consent - **Under 18**

Club Details

Club Name: _____
Club Address: _____
Contact Number: _____
Event Name/Location: _____
Event Date(s): _____

Child's Details

- Full Name of Child: _____
- Date of Birth: _____

Parent/Guardian Details

- Full Name of Parent/Guardian: _____
- Contact Number: _____
- Email Address: _____

Travel Information

- Mode of Transportation (e.g., Bus, Car, Train, etc.): _____
- Departure Date & Time: _____
- Return Date & Time: _____
- Departure Location: _____
- Return Location: _____



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Medical Information

Please provide details of any medical conditions, allergies, or dietary requirements your child has, along with any medication they may need during the trip:

- Medical Conditions: _____
- Allergies/Dietary Requirements: _____
- Medication (if applicable): _____

Emergency Contact Information

In the event that we cannot reach you, please provide an alternative emergency contact:

- Full Name of Emergency Contact: _____
- Relationship to Child: _____
- Contact Number: _____

Parental Consent

I, the undersigned, confirm that I am the parent/legal guardian of the child named above and that I give my consent for them to travel with [Club Name] to the event specified. I understand that every reasonable precaution will be taken to ensure my child's safety, and I will not hold [Club Name] or the Independent Gymnastics Association responsible for any injury or loss during the event, provided all precautions have been taken.

I also authorise the appointed team staff to consent to any necessary medical treatment in the event of an emergency if I cannot be reached.

- Signature of Parent/Guardian: _____
- Date: _____