



PGMHA Travel Permission Form

Player Travelling Details:

My Team Name, Number and Division: _____

I/We (Parent/Guardian Full Name(s)), _____

give permission for our player (full name) _____

to (select all that apply):

- Travel with
- Temporarily reside with
name of hotel: _____
- Attend all meals with

on (enter date range) _____

to this event (event details & location) _____

I/we have discussed expectations to our player while under the immediate care and supervision of our approved chaperone(s).

Chaperone Details:

I Understand that PGMHA prefers that players, while travelling with chaperones, are supervised at all times observing the 2-deep method and that both parties, parent(s)/guardian(s) of player and chaperone(s), agree that this is the preferred method and will endeavour, at all times, to comply in order to protect all parties involved (player and chaperone(s)).

It is understood by all parties that there shall be no alcohol or drug use, including smoking and/or vaping. Failure to comply may result in cancellation of future team sanctions.

I/We (chaperone name(s)) _____

Have agreed to take responsibility for (player name) _____

While attending the event and assume all liability and risks for the player named while under my/our supervision.

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Agreement made between:

Parent/Guardian 1 name: _____

Parent/Guardian 1 signature: _____

Date: _____

Parent/Guardian 2 name: _____

Parent/Guardian 2 signature: _____

Date: _____

AND

Chaperone 1 name: _____

Chaperone 1 signature: _____

Date: _____

Chaperone 2 name: _____

Chaperone 2 signature: _____

Date: _____

Review by:

Reviewed by Team Manager Name _____

Team Manager Signature: _____

Date: _____

AND

PGMHA Executive Member Name _____

PGMHA Executive Member Signature _____

Date: _____

Prior to approval, Chaperones must have submitted to the Office:

- a Criminal Record Check for all chaperones,
- a photocopy of current vehicle insurance (with \$5,000,000 liability)
- and a current Driver's Abstract (call 1-800-950-1498)