PGMHA Player Travel Permission Form

I/We _____ (print parent/guardian name(s)) give permission for

_____(print player name) to travel and/or reside with

_____ (print chaperone name(s)) on

_____ (date range) to the _____ (name of event)

and stay at _____ (name of hotel & city)

Parent of player: I/We have discussed behavioural expectations with our player while under the immediate care and supervision of our approved chaperone(s). In the event of emergency, the accompanying adult(s) may act on our behalf until such time as we can be contacted. Our player's medical number is _____
and they have the following medical conditions to be aware of:_____
_____

Contact (1) name & phone number: _____

Contact (2) name & phone number: _____

_____	_____	_____
Player Parent/Guardian Name	Signature	Date
_____	_____	_____
Player Parent/Guardian Name	Signature	Date

Chaperone: I/We have also submitted to PGMHA the required documentation confirming we have the required vehicle insurance coverage, drivers abstract and criminal record check clearance to payment@pgmha.com

Chaperone: I/we 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/guardians and chaperones) agree that this is the preferred method and will endeavour at all times to comply in order to protect all parties involved.

Chaperone: I/we understand that there shall be ***no alcohol/cannabis/drug use including tobacco*** while acting in the capacity of chaperone. Failure to comply may result in cancellation of future team sanctions.

_____	_____	_____
Chaperone Name	Signature	Date
_____	_____	_____
Chaperone Name	Signature	Date

Reviewed by: _____Team Manager on date: _____

and _____ PGMHA Executive Member on date: _____

New form required for each event.