

6.2 ANNUAL TRAVEL PERMISSION FORM Name of Child: Team: ☐ Bus How we intend to get to away games: Lifts Other, please specify Pick up times ______ Pick up location: Drop off time: _____ Drop off location: **Young Player** I have read and accept the conditions and rules set down in the Code of Ethics and Good practice for Young Players when travelling to matches and events. I agree to abide the rules of my Club and Association. Signature: Date: Parent/ Guardian of Player I have read and accept the conditions and rules set down in the Code of Ethics and Good Practice for Young Players when travelling to events Signature: Date: Emergency contact number: Any known allergies or medical conditions: