LOWER MORELAND TOWNSHIP SCHOOL DISTRICT ATHLETICS AND ACTIVITIES TRAVEL PERMISSION FORM

(parent/guardian name) (paren	school district will provide transportation for determined to the program, as acknowledging that travel is an anticipated component to the program, as student to travel with their team, club or performance group.	
to participate in		t,
(sport/activity) I understand that my student may participate in away contests, performances, scrimmages or exhibitions and give permission for the following: O Regular Season Athletic competitions O Post-Season Athletic competitions O District, Regional or State competitions (including overnight stays) O Competitions related to Clubs or Activities O Performances related to Clubs or Activities Coaches/Advisors are responsible for the safety and welfare of participants. In the event of serious injury/accident, students will be taken to the nearest hospital for treatment. Please list contact information below: Emergency contact person: Relationship: Emergency contact person phone #: Insurance Carrier and Policy Number: Insurance Carrier and Policy Number:		· · · ·
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Coaches/Advisors are responsible for the safety and welfare of participants. In the event of serious injury/accident, students will be taken to the nearest hospital for treatment. Please list contact information below: Emergency contact person: Emergency contact person phone #: Alternate contact/phone #: Insurance Carrier and Policy Number:	 Competitions related to Clubs or Activities 	
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Emergency contact person phone #: Alternate contact/phone #: Insurance Carrier and Policy Number:	students will be taken to the nearest hospital for treatment. Please list of	ontact information below:
Alternate contact/phone #:	Relationship:	
Insurance Carrier and Policy Number:	Emergency contact person phone #:	
·	Alternate contact/phone #:	
Special medical conditions, allergies, etc.:	Insurance Carrier and Policy Number:	
6		
,	Special medical conditions, allergies, etc.:	
	Special medical conditions, allergies, etc.:	
	Special medical conditions, allergies, etc.:	
	Special medical conditions, allergies, etc.:	
Description Vicantino	Special medical conditions, allergies, etc.: Parent/Guardian Signature	Date