



RAPID FIRE F.C.

TRAVEL PERMISSION FORM

Season: (Year/Season) _____

Player Name: _____

Date of Birth: ____/____/____

Parent/Guardian Name: _____

Parent/Guardian Phone #: _____

Parent/Guardian Email: _____

I. Permission to Travel

I, _____ (Parent/Guardian Name), grant permission for my child, _____ (Player's Name) to travel with Rapid Fire F.C. for games (away or home), tournaments, and team-related events during the _____ (Year/Season) season. I understand that transportation may be provided by Team Bus/Van, Coach or Team Representative's Vehicle, or Parent/Guardian Carpool.

I acknowledge that travel involves inherent risks, including but not limited to vehicle accidents, weather conditions, and unforeseen delays. I release Rapid Fire F.C., its coaches, volunteers, and representatives from any liability for injuries or incidents that may occur during team travel.

II. Emergency Medical Authorization

In case of an emergency where I cannot be reached, I authorize Rapid Fire F.C. representatives to seek medical treatment for my child. I understand that I am responsible for any medical expenses incurred.

Known Allergies or Medical Conditions: _____

Health Insurance Provider & Policy Number: _____

Primary Physician Name & Contact: _____



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III. Code of Conduct Agreement

I understand that my child is expected to:

- ✓ Follow all team rules and respect coaches, teammates, and chaperones.
- ✓ Represent Rapid Fire F.C. with good sportsmanship and behavior.
- ✓ Adhere to curfews and travel schedules set by the team.

Failure to comply may result in disciplinary action, including removal from travel privileges.

IV. Consent & Acknowledgment

By signing below, I confirm that I have read and understand this Travel Permission Form and agree to its terms.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Parent/Guardian Printed Name: _____

Emergency Contact (if different from parent): _____

Emergency Contact Phone: _____

Coach/Team Representative Signature: _____ Date: ____ / ____ / ____

Coach/Team Representative Printed Name: _____