



**ISC Gunners  
Travel Permission Form & Allergies**

**EVENT NAME:** \_\_\_\_\_

**DATES OF EVENT, FROM** \_\_\_/\_\_\_/\_\_\_ **TO** \_\_\_/\_\_\_/\_\_\_

**DEPARTURE TIME:** \_\_\_\_\_ **RETURN TIME:** \_\_\_\_\_

**I am the parent, custodian or legal guardian of (my child):**

**CHILD'S FULL NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_/\_\_\_/\_\_\_

**I give permission for my child to travel with his/her ISC Gunners Team to \_\_\_\_\_ (event location) during the above dates/times for a soccer tournament. I understand that motor vehicle transportation will be provided by The Team (usually rental vans) and that the motor vehicles will be driven by team coaches/volunteer chaperones/parent volunteers, and I give permission for my child to be driven by team coaches/volunteer chaperones/parent volunteers.**

**During the event, I can be reached at \_\_\_\_\_ (your phone number/emergency contact).**

**In the event that you are unable to contact me, please contact:**

**EMERGENCY CONTACT NAME:** \_\_\_\_\_

**EMERGENCY CONTACT PHONE:** \_\_\_\_\_

\_\_\_\_\_  
**(Print Name Parent/Custodian/Guardian)**

\_\_\_\_\_  
**(Signature)**

**Date:** \_\_\_\_\_

**LIST ANY ALLERGIES THAT YOUR SON/DAUGHTER HAS THAT WE NEED TO BE AWARE OF:**

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