



PO Box 4412 Mt Maunganui South, Mt Maunganui 3149, mtmaunganuiswimclub@gmail.com,  
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## PERMISSION TO TRAVEL FORM

### 1. Names

Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Parents/Caregivers Name/s:

\_\_\_\_\_

### 2. Home address

\_\_\_\_\_

\_\_\_\_\_

### 3. Contact details

Home phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Name: \_\_\_\_\_

Mobile: \_\_\_\_\_ Name: \_\_\_\_\_

Email: \_\_\_\_\_

### 4. Emergency contact

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### 5. Travel Consent Form/Transport Permission

I give permission for my child/ren to travel as a team to the \_\_\_\_\_

in the vehicles provided by Mt Maunganui Swimming Club and to stay as a team at \_\_\_\_\_

\_\_\_\_\_

I give permission for the team managers/parent helpers/coach to act in the best interests of my child/ren if there is a medical event.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_