

# ARKANSAS DOLPHINS TEAM TRAVEL CONSENT FORM

## FOR TRANSPORTATION:

I, \_\_\_\_\_ give my consent for  
(Parent or Guardian Name)

\_\_\_\_\_ to travel with \_\_\_\_\_ during team travel on  
(Name of child) (Name of person responsible for athletes transportation)

\_\_\_\_\_ in his/her vehicle or rented vehicle.  
(Dates of travel)

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

Parent or Guardian's Name: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_

## WRITTEN CONSENT FORM FOR CHAPERONE STAYING IN ATHLETES ROOM:

I, \_\_\_\_\_ give my consent for  
(Parent or Guardian Name)

\_\_\_\_\_ to stay in the room with \_\_\_\_\_ on  
(Name of child) (Name of chaperone in room)

\_\_\_\_\_  
(Dates of travel)

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

Parent or Guardians Name: \_\_\_\_\_

Parent or Guardians Signature: \_\_\_\_\_

## WRITTEN CONSENT FORM FOR MASSAGE THERAPY:

I, \_\_\_\_\_ give my consent for  
(Parent or Guardian Name)

\_\_\_\_\_ to receive massage therapy services  
(Name of child)

by Amanda Smith, LRRC Massage Therapist, on \_\_\_\_\_  
(Dates of travel)

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

Parent or Guardians Name: \_\_\_\_\_

Parent or Guardians Signature: \_\_\_\_\_