

PRINCE GEORGE YOUTH SOCCER ASSOCIATION
SELECT PROGRAM PLAYER TRAVEL PERMISSION FORM



965 Winnipeg Street • Prince George, BC • V2L 5M9 • PH 250.564.5900 • FAX 250.564.0239 • www.pgysa.bc.ca

I, _____, grant permission for my
(PARENT OF THE PLAYER)
child _____, to be chaperoned and
(SELECT PLAYER'S NAME)
driven by _____ for the
(CHAPERONE'S NAME)
_____, in _____
(TOURNAMENT NAME) (CITY & PROVINCE)
from _____ to _____
(MONTH, DAY, YEAR) (MONTH, DAY, YEAR)

I understand that the chaperone's criminal record check may still be in the approval process and has not been returned to PGYSA from the RCMP. Knowing this, I give my full consent to have my child be chaperoned and driven by the above stated individual and will not hold PGYSA liable in any manner.

PARENT NAME (Please Print)

PARENT SIGNATURE

PHONE NUMBER

DATE

EMAIL

CHAPERONE / DRIVER NAME (Please Print)

CHAPERONE / DRIVER SIGNATURE

PHONE NUMBER

DATE

EMAIL