Parent/Guardian Transportation Consent Form

Minor Swimmer Name: _____

I, _____, am the parent/legal guardian of the minor swimmer listed above.

I voluntarily authorize _____ ("Authorized Adult Participant") to provide transportation for my child to and/or from Vernon Hills Turtles Swim Team practices, competitions, team events, or other team-related activities during the period described below.

I understand and acknowledge that:

- This authorization applies only to transportation associated with Vernon Hills Turtles Swim Team activities.
- I am providing this consent voluntarily.
- I may revoke this authorization at any time by providing written notice to the Vernon Hills Turtles Swim Team Head Coach or Team Administration.
- This consent does not waive or limit any applicable Vernon Hills Turtles Swim Team, Vernon Hills Park District, USA Swimming, Illinois Swimming, or U.S. Center for SafeSport policies.
- Whenever possible, transportation should be conducted in accordance with applicable SafeSport and team transportation policies.

Effective Date: _____

Expiration Date: _____
(If left blank, this authorization expires one (1) year from the effective date.)

Parent/Legal Guardian Information

Printed Name: _____ **Signature:** _____

Date: _____

Cell Number: _____

Email: _____