

## FLORIDA ATLANTIC AQUATICS



I, \_\_\_\_\_\_, as the parent/legal guardian of \_\_\_\_\_\_\_, a minor athlete, hereby authorize said minor athlete can travel with Florida Atlantic Aquatics to and from all In-Program sport activities for a time period of one year from the date of this consent.

I understand that my minor athlete or I can withdraw consent for any time.

If you have any questions, please email do not hesitate to email us at FloridaAtlanticAquatics@gmail.com

PARENT / LEGAL GUARDIAN - PRINT NAME

DATE

PARENT / LEGAL GUARDIAN SIGNATURE