

## FLORIDA ATLANTIC AQUATICS

ANNUAL CONSENT

for

Transportation by Adult Participant "

I,	, as the parent/legal guardian of	,
a min	nor athlete, hereby authorize and consent that	, an Adult Participant,
can tı	ravel one-on-one with said minor athlete to and from all In-Program sp	ort activities related to Florida
Atlan	ntic Aquatics, for a time period of one year from the date of this consen	t.
I und	lerstand 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	