



SPRING LAKE PARK ATHLETIC DEPARTMENT  
EXTENDED TEAM TRAVEL INFORMATION

I give my son/daughter permission to travel with the **Spring Lake Park/St Anthony High School Nordic team to Giant's Ridge for an invitational on Jan 5,6, 2024. See trip itinerary.**

I have received and reviewed the information concerning the nature of the trip, the rules of conduct on the trip and the itinerary of travel.

Name of Team Member: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Person to contact in case parent/guardian cannot be reached:

Name: \_\_\_\_\_ Phone (h): \_\_\_\_\_ (w) \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy ID #: \_\_\_\_\_

Health Care Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dental Care Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentists Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Indicate any pertinent previous medical history (illness/injuries and/or restrictions):

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Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

My son/daughter may receive emergency medical assistance as deemed necessary by the coaching staff, athletic trainer and/or medical personnel. Such assistance may include transportation to the nearest medical facility.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The information contained on this form will remain confidential between the coaching staff and the athletic director.