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	Swimmer's Full Name

Annual Consent for Transportation by Adult Participant

, declare that I am the parent or legal guardian of a minor athlete (swimme		
name)	, born (birth date)	I, hereby authorize and
consent that	, an Adult Participa	ant, can travel one-on-one with said
minor athlete to and from all In-Program s	port activities related to The Dolphins S	wim Team.
I understand that my minor athlete or I can	withdraw consent at any time.	
This authorization is good for ONE YEAR fro	om date signed below.	
Parent/Guardian's signature:		Date: