Date of submission for Consent to One-on-One Travel: ________________________________

Minor Athlete Name: _____________________________________________________________

Parent/Guardian Name: ____________________________________________________________

Adult Participant: ________________________________________________________________

USAG Member Club Name: __________________________________________________________

Event Name/Location: ______________________________________ Event Date: ________________

This supplemental proposed travel plan proposes Minor Athlete will have unsupervised One-On-One Contact with Adult Participant as follows:

Date of departure: ____________________ Location of departure: __________________________

Method of travel: _________________________________________________________________

If Athlete and Unrelated Adult are flying, please provide:

Departure airline and flight number: ________________________________________________

Location and duration of layover(s) (if applicable): _________________________________

Flight number(s) following layover(s): _____________________________________________

Returning airline and flight number: ______________________________________________

Location and duration of layover(s) (if applicable): _________________________________

Flight number(s) following layover(s): _____________________________________________

If Athlete and Unrelated Adult are traveling by car, please provide

Proposed route to event: __________________________________________ Anticipated arrival time: __________

Proposed return route: __________________________________________ Anticipated arrival time: __________

Parent/Guardian: Signature________________________________________ Date: __________________

Member Club: Name of Authorized Representative: _________________________________

Member Club: Signature________________________________________ Date: __________________

Adult Participant: Signature________________________________________ Date: __________________