

SUPPLEMENTAL ATTACHMENT: TRAVEL PLAN

Date of submission for Consent to One-on-One Contact: _____

Minor Athlete Name: _____

Parent/Guardian Name: _____

Unrelated Participating Adult Name: _____

USAG Member Club Name: _____

Event Name/Location: _____

Event Date: _____

This supplemental proposed travel plan proposes Athlete will have unsupervised One-on-One contact with Unrelated Adult is as follows:

1. Date of departure: _____

2. Location of departure: _____

3. Method of travel: _____

i. If Athlete and Unrelated Adult are flying, please provide:

1. Departure airline and flight number: _____

a. Seat numbers: _____

2. Location and duration of layover(s) (if applicable):

3. Flight number(s) following layover(s): _____

a. Seat numbers: _____

4. Returning airline and flight number: _____

a. Seat numbers: _____

5. Location and duration of layover(s) (if applicable):

6. Flight number(s) following layover(s): _____

a. Seat numbers: _____

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

1. Proposed route to Event: _____
2. Anticipated arrival time: _____
3. Proposed return route: _____
4. Anticipated arrival time: _____

At no time during the travel may Athlete and Unrelated Adult sit side-by-side

Any deviation from the travel plan must be immediately reported to the Member Club

Parent/Guardian

Signature

Date

Member Club

Name of Authorized Representative

Signature

Date

Unrelated Adult

Signature

Date