

Parent/Guardian Consent To Student Travel

Parents: Please contact the coach named below about any medical problems relating to the trip.

Section A: Description of trip

Name of Coach Contact: Julian DiPalma
Phone Number: 778-678-1014 ©
Email Address: juliandipalma@gmail.com

Travel to: Kamploops, BC

Purpose of trip: Okanagan Zones Wrestling Tournament

Date & Time:

- From: Fri. Feb. 7 - Depart at: 6:45 A.M.
- To: Fri. Feb. 7 - Return at: Approx. 7:00 P.M.

Cost to students: \$80 - \$170.00 (Varies based on participation: Covers travel, tournament fees)

Accommodation: N/A

Tournament Site: Valleyview Secondary School - 1950 Valleyview Drive

Travel By:

City Transit Rented Bus Rented Van Or Car Commercial Airplane Foot

Driven by:

Coach Authorized Parent Authorized Student Commercial Driver

Section B: Parent/Guardian Consent

Consent is given to (name of student) _____ to participate in the travel described above.

Date: _____ Signature: _____

Please return Section B of this form and money by: Feb 5th. No student is allowed to participate without consent form and money turned in by the above date. Cheques should be made out to COWA.