

Kilcoole Athletic Club

FOUNDED 1970



Transport Permission Slip

I, (Name of Parent/Guardian) _____ give permission for (Name of Child)
_____ to travel with and participate in (Name of Event) _____.

I will ensure that I am contactable at all times while my child is in the care of Kilcoole AC.

Signature: _____

Date: _____

Contact No: _____