



Southampton Player ID Tour Travel Consent Form

To Whom It May Concern:

I/We, _____

(Full Name(s) of Custodial and/or Non-Custodial Parent(s)/Legal Guardian(s)) am/are the lawful custodial parent and/or non-custodial parent(s) or legal guardian(s) of:

Child's full name: _____ Date of Birth: _____ Place of Birth: _____ U.S. Passport Number: _____ Date and Place of Issuance of U.S. Passport: _____

_____, **(Child's Full Name)** has my/our consent to travel with the following chaperones from Elite Tournaments and Southampton Football Club to Southampton, UK, during the period of: _____ **(Date of Tour)**.

_____, **(Chaperone Name)**

_____, **(Chaperone Name)**

_____, **(Chaperone Name)**

During that period, _____ **(Child's Full Name)** will be residing with Southampton Football Club's Player ID Program at the following address:

**Jury's Inn Southampton
Charlotte Pl, Southampton SO14 0TB, UK
+44 23 8037 1111**

Parent(s) or Legal Guardian(s)

Guardian One *(print name)*: _____ Signature: _____

Date: _____

Guardian Two *(print name)*: _____ Signature: _____

Date: _____

Witnesses

Guardian One signed before me, _____, *(Witness signature)*.

_____ *(Date)* at _____ *(Name of Location)*.

Guardian Two signed before me, _____, *(Witness signature)*.

_____ *(Date)* at _____ *(Name of Location)*.