Adult Supervision Form TO BE SHOWN AT REGISTRATION with Medical Consent Forms

Long-Term Problem		Division
Membership Name		Membership #
City	Texas Woman's University their parent, a parent the members and all minors is have a copy of the per- all adults listed on this for mances, dining, and low pective school district fro- present MUST have copi- long with the Medical For-	ity, a public institution of higher neir parent grants permission to, who may attend the competition. mission slips on their persons. form. <b>Minors must be</b> <b>eisure time.</b> Parents signatures eld trip consent forms THEN es of all students forms. All forms at registration.
Coach # 1		
Coach #2 Coach #3		
Team Member (OR see attached)	Parent Printed	Parent Signature
Team Member (OR see attached)	Parent Printed	Parent Signature
Team Member (OR see attached)	Parent Printed	Parent Signature
Team Member (OR see attached)	Parent Printed	Parent Signature
Team Member (OR see attached)	Parent Printed	Parent Signature

Team Member		
(OR see attached)		

Parent Printed

Parent Signature

Team Member (OR see attached) **Parent Printed** 

Parent Signature

Please add the names of any non-Team Member minors these adults are responsible for to the back of this form.