



SHORELINE DOLPHIN ATHLETICS

STUDENT-ATHLETE TRAVEL CONSENT

Student ID# _____

I _____ am participating in _____ at Shoreline
Print Full Name Sport
Community College during the _____ Academic Athletic Season.
fiscal year

- I am currently enrolled at Shoreline Community College and a member of the team listed above.
- I have met all Shoreline Community College and NWAC eligibility regulations.
- I will conduct myself as a responsible and respectful individual.
- I will follow directions of the coaches/advisors at all times.
- I will follow all Shoreline Community College team and travel policies as listed in the Student-Athlete Handbook.
- I will comply with the State of Washington and Shoreline Community College laws and regulations governing the use of state funds.
- I will comply with local or facility rules, laws, and codes.
- I will NOT consume alcohol or illegal drugs during student-travel and team activities.
- I will NOT purchase alcohol, tobacco, or drugs with any Travel Advance funds distributed.
- I will NOT engage in activities that jeopardize the safety or health of any participants or fans.
- I understand I may be sent home at personal expense if I fail to follow the directions of the coaches/advisors.
- I understand that if I fail to participate or follow these travel guidelines, I may be liable for reimbursing the college for the cost of the travel.
- I am responsible for paying for any personal expenses incurred by me that are not covered by official team travel arrangements.

By signing this document, I promise to adhere to all of the guidelines listed above.

Participant's Signature

Date

If under the age of 18, signature of parent/legal guardian

Date

Student-Athlete Phone Number

E-mail

Emergency Contact Information:

Contact Name – Please Print

Phone Number

Relationship