



ATHLETE TRAVEL PERMISSION FORM 2010-2011

Event: _____

Date of Travel (DD/MM/YYYY): _____

Participant Name: _____

I.D. Document No.: _____ Expiry Date (DD/MM/YYYY): _____

Date of Birth (DD/MM/YYYY): _____

Contact Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Phone Number: _____

Contact Cell Number/s: _____

AUTHORIZING TRAVEL OF A MINOR

We, _____, hereby authorize our son/daughter _____ to participate in water polo activities set out by Pacific Storm for our athletes from (DD/MM/YYYY) _____ in _____. The athletes will be travelling with Storm families, coaches and chaperones.

My son/daughter will be travelling with _____ to and from _____.

We also authorize our coaches _____ and/or chaperone _____ to make any medical decisions required while my son/daughter is away. Any unforeseen costs will be the responsibility of the parent/guardian of the athlete noted above.

Care Card #: _____

Extended Insurance Plan: _____ Policy Number: _____

Policy Emergency Phone Number: _____

Parent Name: _____

Parent Signature: _____ Date (DD/MM/YYYY): _____

2nd Parent: _____

2nd Parent Signature: _____ Date (DD/MM/YYYY): _____

To prevent possible border problems we insist all athletes bring along this completed form. Athletes MUST BRING Passport and /or picture I.D