ATHLETE TRAVEL PERMISSION FORM 2025-2026

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: _____

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.

We also authorize our coaches and/or chaperones 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 Name: _____

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