



ATHLETE TRAVEL PERMISSION FORM 2012-2013

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) _____