

## Parent consent letter for minor athlete traveling with the club within Canada

To whom it may	concern	,		
I / We				
am / are the lawful	Full name(s)	Il name(s)		
	person(s) with custodial rights or guardianship rights			
of	In	formation about the	e traveling minor athlete	
Full name:	""	iormation about the	e travelling millor atmete	
Date and place of birth:				
Identification document(s):		Passport Driver's License Birth Certificate	document number	
			documentl number	
			document number plus one other ID with a name and a photo on it	
			(e.g school ID, library ID, gym ID, etc)	
Alberta Personal Health Card:  personal health number				
	<u>,                                      </u>			
			accompanying person	
The aforementioned ch	ild has my / c	our consent to travel w	ith:	
Full Name:				
Date of birth:				
Identification document	t(s):	Passport Driver's License		
			document number	
Status:			documentl number	
Status.	(e.g	(e.g. club coach, chaperone, family relative, school teacher, babysitter, legal guardian, friend, etc)		
		Travel i	nformation	
The aforementioned ch	ild has my / c	our consent to travel to	):	
Place:		, province within Canada		
Accomodation:				
	ho	tel name, address, phone		
D I				
Period:		parture date	return date	
Travel purpose:				

(e.g. competition, track camp, workshop, awards, etc)

## Any questions regarding this consent letter can be directed to: Full name: Address: Relationship to the minor: (e.g.legal guardian, mother, father, aunt, etc) Phone number(s): Mobile number(s): Full name: Address: Relationship to the minor: (e.g.legal guardian, mother, father, aunt, etc) Phone number(s): Mobile number(s): **Emergency contact information** We recommend that you provide the name of someone who is not traveling with the minor athlete. This information is helpful if in case of emergency when the person giving consent (Me) is not available. Full name: Address: Relationship to Me: (e.g. friend, neighbour, family relative, brother, etc) Phone number(s): Mobile number(s): Signatures Person giving consent: Accompanying person: Whitness: full name full name full name signature signature signature date and location date and location date and location

Information about person(s) giving consent