



ALPINE YUKON

Travel Consent Form

Athlete and Parent / Guardian Information:

Athlete name:

Male team

or, Female team

Age Division:

Team name:

Parent/Guardian Name:

Address:

Postal code:

Phone: (H)

(W)

Parent/Guardian Name:

Address:

Postal code:

Phone: (H)

(W)

Emergency Contact:

Name:

Address:

Phone: (H)

(W)

Relationship to Athlete:

Authorization:

I/we understand undersigned parent (s) guardian (s) of the athlete,

(full name of athlete)

, do hereby authorize coach or chaperone

(name of coach or chaperone)

to act as guardians and supervisors of the

above-mentioned athlete from

(date of departure)

to

(date of return)

and to accompany the above-mentioned athlete on a trip to

(destination)

I/we do hereby consent to

(full name of athlete)

traveling with

(name of coach or chaperone)

on the above-mentioned trip

Signature of Parent or Guardian:

Date:



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**Signature of Parent or
Guardian:**

Date:
