



NSD SOCCER CLUB TRAVEL CONSENT FORM

Tournament Name: _____

Tournament Location: _____

Tournament Dates: _____

To Whom It May Concern:

This is to confirm the undersigned are the parents and/or guardians of _____
And that we do hereby give our permission for him/her to travel and to be under the supervision of: name of coaches for the purpose of participating in the above mentioned soccer tournament.

(Print) Parent/Guardian

(Sign) Parent/Guardian

Date

(Print) Parent/Guardian

(Sign) Parent/Guardian

Date

Address

City

Phone Number

Waiver and Consent:

I/We the Parents/Guardians hereby accept responsibility and liability for any and all cost related to any injury or medical emergency not covered by insurance, which may occur to our son/daughter.

I/We also hereby authorize that (name of coaches) can obtain medical treatment for our son/daughter in the event of injury or medical emergency.

(Print) Parent/Guardian

(Sign) Parent/Guardian

Date

(Print) Parent/Guardian

(Sign) Parent/Guardian

Date

(Copy Alberta Health Care Card)
