

Azorcan Official Unaccompanied Minor Travel & Medical Permission Form

My son/daughter, named below, will be traveling outside of Canada to Europe as a member of an Azorcan sports group from:

Day____Month_____Year____ to Day____Month_____Year____

He/she will be in the care of the group leader during the tour. As the parents of the player we grant him/her full permission to travel with the group throughout Europe. This is also permission for medical assistance to be administered should my son/daughter become ill or involved in an accident. The permission is only for the duration of the tour as listed above. And I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Child name _____ Passport No. _____

Father Name _____ Mother Name _____

Address _____ Address: _____

City _____ Pstl Cd _____ City _____ Pstl Cd _____

Business Phone _____ Business Phone _____

Home Phone _____ Home Phone _____

Signature _____ Signature _____

Day____Month____Year____ Day____Month____Year____

Date of father's signature Date of mother's signature

As the group leader I have received this travel approval sheet from a parent/parents of the player named above. I would like to confirm that player is a member of our group and will travel with us for the duration of his/her stay in Europe.

Team Manager _____ Signature _____

Date of signature Day____Month____Year____

This form is intended to act as a document to explain the purpose of a child's travel beyond the borders of Canada without one or both parents. It is also important should an emergency arise to present this document at a hospital to avoid delays in administering proper care. Azorcan does recommend that this form be notarized.

Notary Public _____ Signature _____

Notary Public in and for the Province of _____, Canada

Declared before me at the city of _____ in the Province of _____

on this _____ day of _____ in the year _____.