



PRINCE GEORGE BARRACUDA SWIM CLUB (PGBSC)

MINOR ATHLETE TRAVEL CONSENT FORM

Please complete and return this form to the Team Manager or Head Coach prior to the travel date.

SECTION 1: ATHLETE INFORMATION

Athlete's Full Name	
Athlete's Date of Birth (YYYY-MM-DD)	
PGBSC Member ID (if applicable)	
Emergency Contact Primary (not travelling)	
Parent/Guardian Name(s)	
Relationship to Athlete	
Phone Number(s)	
Email Address(es)	
Emergency Contact Secondary (if applicable)	
Name	
Relationship to Athlete	
Phone Number	

SECTION 2: TRAVEL DETAILS

Event/Competition/Camp Name:

Destination:

Departure Date (YYYY-MM-DD): _____

Return Date (YYYY-MM-DD): _____

Adult(s) Athlete is Traveling With (Check all that apply):

PGBSC Coach(es):

PGBSC Chaperone(s):

Other Adult (Specify Relationship & Name):

Note: All PGBSC coaches and chaperones are screened and have completed Safe Sport training as per club policy

SECTION 3: MEDICAL INFORMATION & AUTHORIZATION

Athlete's Personal Health Number (PHN): _____ (BC only; if applicable)

Medical Conditions / Allergies (e.g., asthma, diabetes, food allergies, bee stings, medications):

Current Medications (Name, Dosage, Frequency, Instructions):

Medical Authorization to Treat:

In the event of an emergency, and if a parent/guardian cannot be reached, I, the undersigned parent/guardian, hereby authorize the PGBSC coach(es), chaperone(s), or other designated adult(s) to obtain necessary medical care for my child _____, including but not limited to, administration of first aid, transport to a medical facility, and consent for medical/dental/surgical diagnosis and treatment (including anesthesia) as deemed necessary by a licensed physician, dentist, or other medical personnel. I understand that every effort will be made to contact me prior to any medical treatment, but in an emergency, treatment will not be delayed. I agree to be responsible for all medical expenses incurred.

Check here to acknowledge and agree to the Medical Authorization to Treat.

SECTION 4: PARENT/GUARDIAN CONSENT & ACKNOWLEDGEMENT

I, the undersigned parent/guardian of the minor athlete named above, hereby:

- Consent to my child's participation in the travel outlined in Section 2, accompanied by the designated PGBSC coach(es), chaperone(s), or other authorized adult(s).

- Confirm that my child has sufficient funds for food (if not supplied) and incidentals, as per the PGBSC Travel Policy.
- Acknowledge and agree to pay all event and travel fees associated with this trip. I understand that in the event of any cancellation, all non-refundable expenses related to travel remain my responsibility.
- Confirm my understanding and acceptance of the PGBSC Travel Policy, including all responsibilities outlined for "Parents not traveling with the athlete," the "Rule of Two," and the PGBSC Code of Conduct and Ethics.
- Authorize the designated PGBSC coach(es) or chaperone(s) to make decisions regarding my child's general welfare, safety, and conduct during the trip, in accordance with the PGBSC Travel Policy.
- Understand the "Rule of Two" principle, and that all interactions between a Person in Authority and my child will be open, observable, and justifiable, and that rooming arrangements will adhere to this principle (coaches/chaperones separate from athletes).
- For travel outside of Canada: I confirm that my child has a valid passport and all necessary travel documents, and I have provided photocopies of these to the chaperone (as per Section 5f of the policy).

I understand that my child is expected to adhere to the PGBSC Travel Policy, including curfew times, restrictions on outside activities, and general conduct expectations. I understand that temporary disciplinary action may be taken by coaches/chaperones for non-compliance, which will be reported to me and the PGBSC Board of Directors.

Parent/Guardian Full Name (Printed): _____

Parent/Guardian Signature: _____

Date (YYYY-MM-DD): _____

Internal Use Only	
Travel Consent Form Received	Chaperone/Team Manager Name
Emergency Contact Info Received	Chaperone /Team Manager Signature
Medical Info Received	Date Received
Medical Authorization to Treat Received	
Photocopy of Travel Docs (if international)	