

**Willow Wheelers Consent Letter for:** \_\_\_\_\_



To whom it may concern,

I / We, \_\_\_\_\_  
*full name(s) of parent(s) / person(s) giving consent*

Address: \_\_\_\_\_  
*street address, city*

\_\_\_\_\_ *province/state, country*

Telephone and email: \_\_\_\_\_  
*telephone* \_\_\_\_\_ *email*

am / are the parent(s), legal guardian(s) or other authorized person(s) with custody rights, access rights or parental authority over the following child:

**Information about travelling child**

Name: \_\_\_\_\_  
*child's full name*

Date and place of birth: \_\_\_\_\_  
*dd/mm/yyyy* \_\_\_\_\_ *city, province/territory*

Number and date of issue of passport (if available): \_\_\_\_\_  
*number* \_\_\_\_\_ *dd/mm/yyyy*

Issuing authority of passport (if available): \_\_\_\_\_  
*country where passport was issued*

Birth certificate registration no. (if available): \_\_\_\_\_  
*number*

Issuing authority of birth certificate (if available): \_\_\_\_\_  
*province / territory where birth certificate was issued*

**Information about accompanying person (leave blank if child is travelling alone)**

This child has my / our consent to travel with

Name: \_\_\_\_\_  
*full name of accompanying person*

Relationship to child: \_\_\_\_\_  
*mother, father, grandparent, sister, brother, relative, friend, other*

Number and date of issue of passport: \_\_\_\_\_  
*number* \_\_\_\_\_ *dd/mm/yyyy*

Issuing authority of passport: \_\_\_\_\_  
*country where passport was issued*

**Contact information during trip**

I / We give our consent for this child to travel to:

Destination(s): \_\_\_\_\_  
*Jupiter Albufeira Hotel, Albufeira, Portugal*

Travel dates: \_\_\_\_\_  
*14<sup>th</sup> April to 20<sup>th</sup> April 2019*

to stay with / at (if applicable) \_\_\_\_\_  
*Willow Wheelers Cycling Club*

at the following address(es) \_\_\_\_\_  
*Jupiter Albufeira Hotel, Rua Alexandre O'Neill, 8200-343, Albufeira, Portugal*

Telephone and email \_\_\_\_\_  
*Ph: +351 289 009 300 / Email: info.albufeira@jupiterhotelgroup.com*

**Signature(s) of person(s) giving consent**

\_\_\_\_\_ *signature(s) of person(s) giving consent*

\_\_\_\_\_ *dd/mm/yyyy*

**Emergency Contact Details during Trip**

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Numbers: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Questions regarding information in this consent letter should be directed to the person(s) giving consent.

**Health**

If you are in any doubt about your child's physical fitness / health, please have him medically examined and enclose a doctor's permission note with this form. Every reasonable care will be taken with the health and wellbeing of your child, but the Club and its volunteers cannot be held responsible for any accident or illness that may occur.

Does your child have any specific dietary requirements: YES / NO

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies (medications / food / otherwise): YES / NO

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical needs: YES / NO

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication**

If your child is currently and will require to take medication while on the trip please inform Mr. Christy McDaid and please confirm below the arrangements which you will put in place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Swimming and Water Activities**

My child has permission to take part in swimming and relate water / waterpark activities: YES / NO

**Data Protection**

I understand that the personal data on this form ("Personal Data") will be used by the Club for the purposes of the 2019 Portugal Trip and maintaining my / my child's Club membership.

I understand that I can withdraw my consent at any time by writing to the Club and my Personal Data will then be erased.

I understand that the Personal Data will be used for administrative purposes in connection with the 2019 Portugal Trip and in maintaining my / my child's Club membership including administration, injury reports, disciplinary matters and sanctions.

Signed: \_\_\_\_\_  
*Print Name*

Date: \_\_\_\_\_

**Consent**

I give my permission for my child to participate in the 2019 Portugal Trip. I have reminded my child that a reasonable standard of behavior is expected throughout the trip, including respect for Club officers, group leaders and other participants.

Signed: \_\_\_\_\_  
*Print Name*

Date: \_\_\_\_\_