

Willow Wheelers Trip Application Form for: _____



This section to be completed by parent(s), legal guardian(s) or other authorized person(s) with custody rights, access rights or parental authority over the child to apply for permission to travel.

To whom it may concern:

I / We, _____
full name(s) of parent(s) / person(s) giving consent

Address: _____
street address, city

province/ country

Telephone and email: _____
telephone _____ *email address*

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*

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

Issuing authority of passport: _____
country where passport was issued

Birth certificate registration no.: _____
number

Issuing authority of birth certificate: _____
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): _____

Travel dates: _____ *From* _____ *to* _____

to stay at the following address(es) _____

Telephone and email _____

Signatures of persons 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)

Swimming and Water Activities

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

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 the child’s nominated guardian and Mr. Christy McDaid and confirm below the arrangements which you will put in place:

Data Protection

I understand that the personal data on this form (“Personal Data”) will be used by the Club for the purposes of the trip and maintaining my / my child’s Club membership and I consent to that use.

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 trip and in maintaining my / my child’s Club membership including administration, injury reports, disciplinary matters and sanctions and I consent to that use.

Signed: _____ Date: _____
Print Name:

Consent

I give my permission for my child to participate in the trip and for the accompanying person nominated in this form to act as guardian and take responsibility for my child during the trip. I have reminded my child that a reasonable standard of behaviour is expected throughout the trip, including respect for Club officers, group leaders and other participants.

Signed: _____ Date: _____
Print Name:

This section to be completed by accompanying person if child is traveling without parent(s), legal guardian(s) or other authorized person(s) with custody rights, access rights or parental authority over the child

I confirm that I consent to accompany and take responsibility for the abovementioned child during the trip. I further confirm that I will act in the place of the parent(s), legal guardian(s) or other authorized person(s) during the trip.

Signed: _____ Date: _____
Print Name:

This section to be completed by a member of the Willow Wheelers Cycling Club Committee

I confirm that this Willow Wheelers Trip Application Letter is accepted.

Signed: _____ Date: _____
Print Name: