GYMNASTICS ONTARIO
SPORT STARTS HERE

2950 Keele Street, Suite 202, Toronto, Ontario, M3M 2H2

CONSENT FORM FOR MINORS –Travel (under age 18)

To Whom It May Concern:
I (parents/guardians)_____

give consent for my son/daughter_____
(name)
born_____ at _____
(date of birth dd/mm/yr) **(place of birth)**

_____ _____ _____
Canadian Passport # **Date of Issuance (dd/mm/yr)** **Place of Issuance**

to attend all domestic or international competitions or training camps in Acrobatic Gymnastics held for the period of _____ to _____ to which they are assigned by Gymnastics Ontario.
(date) (date)

I acknowledge that I am aware that they are travelling both inside & outside of Canada and across international borders with a coach or a team manager appointed by Gymnastics Ontario but is unaccompanied by either parent/guardian to such competitions or training camps.

Any questions regarding this consent letter can be directed to the undersigned at:

Parent/Guardian Name (MOTHER)			
Phone Number:	**(H)**	**(W)**	**(Cell)**

Parent/Guardian Name (FATHER)			
Phone Number:	**(H)**	**(W)**	**(Cell)**

Address of Parent/Guardians	

Signed at _____this the _____ day of_____, 202___.
(city/province)

_____
Signature (mother/guardian)

_____ _____
Signature (father/guardian) **Notary Public Signature**
*Notary Seal/sticker is required