



## Judo Manitoba Travel Consent Form

I / we, the parent(s)/guardian(s) of \_\_\_\_\_ officially give my / our consent for my / our minor child to travel with the following individuals who are also associated with the Judo Manitoba:

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My / our child was born on \_\_\_\_\_ at the location of \_\_\_\_\_.  
If required, my / our child's passport number is \_\_\_\_\_. Attached to this form is a list of any additional medical needs my / our child requires.

I / we understand that the event is a \_\_\_\_\_ which is located in \_\_\_\_\_.  
Barring extenuating circumstances the event should last for a duration of \_\_\_\_\_ days between the dates of \_\_\_\_\_ and \_\_\_\_\_.

If there are any questions about the consent provided, I / we can be reached at the following telephone number(s) \_\_\_\_\_ and the following email addresses \_\_\_\_\_.

Signature:	Date:
Printed Name:	

Approval Date: