



Alpine Ontario Alpin
191 Hurontario St., Suite 10
Collingwood, ON
(705) 444-5111 (phone)
(705) 444-5116 (fax)

To Whom It May Concern;

I (We), _____ (*full name(s) of custodial
parent(s)/guardian*), am (are) the _____ (*lawful custodial
parent(s)*)

guardian(s) of:

Child's full name: _____

Date of birth (DD/MM/YY): _____

Place of birth: _____

Canadian passport number: _____

Date of issuance of Canadian passport (DD/MM/YY): _____

Place of issuance of Canadian passport: _____

_____ (*child's full name*), has my (our)

consent to

travel with (*Full name of accompanying person*) _____ (*Alpine
Ontario High Performance Development Coachs*)

to visit _____ during the period of _____

During that period, _____ (*athlete's full name*) will be
residing at:

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

Parent/Guardian Name: _____

Number/street address and apartment number: _____

City, province/state, country: _____

Telephone and fax numbers (work and residence): _____

Signature(s): _____

Date: _____

(Full name(s) and signature(s) of custodial parent, and/or non-custodial
parent(s) or

legal guardian(s))

Signed before me, _____ (name of witness), this

(date) at _____ (name of location).

Signature: _____ (name of witness)