



# Northwest Territories **SOCCER ASSOCIATION**



## NWT Soccer Athlete Travel Forms

This form is to be signed by ***BOTH*** the athlete and their parents or guardian(s).

**Athlete's Name:** \_\_\_\_\_

**Team:** \_\_\_\_\_

### A. Player/Parent Contact and General Information

**Address:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Home phone #:** \_\_\_\_\_

**Cell phone #** \_\_\_\_\_

### Parents/ Legal Guardian's Contact Information

**Mother/Guardians Name:** \_\_\_\_\_ **Father:** \_\_\_\_\_

**Home # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**

**Home # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**

**Work # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**

**Work # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**

**Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**

**Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**

**Email address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

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

**Emergency Contact Phone #s: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**





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B. Medical Information

Athlete's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Other Medical related information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician: \_\_\_\_\_

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_

Dentist: \_\_\_\_\_

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_



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## C. Travel Waiver and Consent

I, \_\_\_\_\_, as athlete and \_\_\_\_\_ as parent/guardian of \_\_\_\_\_ understand that there are risks associated with travel and participating in the sport of soccer. I understand that participation in soccer even when supervised and managed poses some risk to myself as an athlete, or to my child.

I understand that I, (or my child) \_\_\_\_\_ (athlete), or my child will be traveling to several training camps in preparation for the Canada/Western Canada Summer Games. I, (or my child) will be transported by air and ground to various locations during these events and that this transportation will be arranged by NWT Soccer and the NWT Soccer Canada Games Committee.

I \_\_\_\_\_ (athlete) and \_\_\_\_\_ (parents) agree to assume all risk associated with these trips either participating in the sport or otherwise while traveling as part of the NWT Soccer high performance squad.

I understand that Coaching Staff, Managers and Chaperones (the Chaperone Team) will be appointed by NWT Soccer and/or the NWT Soccer Canada Games Committee and will be traveling with the athletes. Some or all of the Chaperone Team may change with each trip. The Chaperone Team for each trip will be in charge of supervision during each trip.

I, \_\_\_\_\_ (athlete) accept that the Chaperone Team are in charge and I will respect their authority and agree to abide by the NWT Soccer Association's Code of Conduct at all times. I will act responsibly to make this an enjoyable trip. No drugs, alcohol or smoking will be tolerated, and any players caught using these substances will be escorted to the airport and sent home immediately at the cost of the parents/guardians.

We, \_\_\_\_\_ (parents or guardian) consent to my son/daughter \_\_\_\_\_ (athlete) traveling on these training trips and give permission for the Chaperone Team to accompany our son/daughter \_\_\_\_\_ (athlete) on these trips. We further authorize any member of the Chaperone Team to consent to any medical treatment that may be necessary in case of an emergency in the event that neither of us can be



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contacted to provide such consent. I \_\_\_\_\_ (athlete) and \_\_\_\_\_ (parent/guardian) further authorize the Chaperone Team to render first aid or whatever immediate medical treatment that may be necessary before we are contacted. We understand that we will be responsible for any extra costs associated with any medical services necessary.

I hereby hold the NWT Soccer Association, or the Chaperone Team traveling with athletes harmless from any liability or additional costs that may be associated with this trip.

Signed at \_\_\_\_\_, NWT.

\_\_\_\_\_  
Athlete

\_\_\_\_\_  
Date

**AND**

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Date

