

**CONSENT FOR MINOR CHILDREN TO TRAVEL ON NCE INTERNATIONAL TOURS**

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I/we: \_\_\_\_\_(name/s)  
allow our child: \_\_\_\_\_(name)  
to travel to: \_\_\_\_\_(city, country)  
from: \_\_\_\_\_(city/country)  
on date: \_\_\_\_\_ aboard: \_\_\_\_\_(Airline and Flight #)  
and to return from: \_\_\_\_\_(city/country)  
on date: \_\_\_\_\_ aboard: \_\_\_\_\_(Airline and Flight #)  
with: \_\_\_\_\_(name of NCE Staff Coach)

During that period our child will be residing at:  
Hotel Name: \_\_\_\_\_(use first hotel address for first city)  
Street Address: \_\_\_\_\_  
City, State, Province: \_\_\_\_\_  
Country: \_\_\_\_\_

In addition, I (we) authorize NCE Soccer Staff to consent to any necessary routine or emergency medical treatment during the aforementioned trip.

Signed: \_\_\_\_\_(Parent)  
Signed: \_\_\_\_\_(Parent)  
Address: \_\_\_\_\_

Telephone #'s: \_\_\_\_\_  
E-Mails (please print): \_\_\_\_\_

Sworn to and signed before me, a Notary Public,  
\_\_\_\_\_ (name of witness)  
This \_\_\_\_\_ day of \_\_\_\_\_,  
at \_\_\_\_\_ (name of location)