



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: _____



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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)