

PERMISSION FORM

For Minor to Travel Without Parent / Legal Guardian

Buena Vista Sports Academy



www.BvsaRhinos.com

Parent / Legal Guardian Information:

Full Name :
(PLEASE USE CAPITAL)

Date Of Birth : _____ / _____ / _____ Gender : Male Female

Address : _____

Phone Number : _____ E-Mail : _____

US Passport # : _____ Relationship to Child : _____

Status : Single Married Divorce Others

Child Traveling Information

Full Name :
(PLEASE USE CAPITAL)

Date Of Birth : _____ / _____ / _____ Gender : Male Female

Phone Number : _____ E-Mail : _____

US Passport # : _____

TRIP INFORMATION

Departure Date : _____ Return Date : _____

Group/Church
Traveling With : _____

Name of Group
Leader : _____

Location
Traveling to : _____

Name of Org
Visiting : Buena Vista Sports Academy

As parent/legal guardian, I give my consent and permission for my child to travel (without me) internationally according to the information given above. I have also signed the Waiver of Liability on behalf of my child, as required for all visitors by Buena Vista Sports Academy.

Signature Of Parent / Legal Guardian

Full Name

Date