

Star Surf Camps (UK) Limited

Consent Letter for Children (15 – 17 years old) Travelling Abroad



I / We, _____
full name(s) of parent(s) / legal guardian(s)

Address: _____
street address, city, postcode, country

Telephone and email: _____
country code + telephone number _____
email

I am / are the parent(s), legal guardian(s) or other authorised person(s) with parental authority over the following child:

Information about travelling child

Name: _____
child's full name

Date and place of birth: _____
dd/mm/yyyy _____
city, county, country

Number and date of issue of passport (if available): _____
number _____
dd/mm/yyyy

Issuing authority of passport (if available): _____

Contact information during trip

I / We give our consent for this child to travel to:

Surf Camps Destination: _____
Surf Camp _____
Travel dates

Telephone and email: _____
Telephone _____
Email

Information about accompanying person (leave blank if child is travelling alone)

This child has my / our consent to travel alone **or** This child has my / our consent to travel with:

Name: _____
full name of accompanying person _____
Relationship to child

Date and place of birth: _____
dd/mm/yyyy _____
city, county, country

Number and date of issue of passport: _____
number _____
dd/mm/yyyy

Issuing authority of passport: _____
country where passport was issued

Contact information _____
telephone number _____
email/



Medical Information

Please give full details of any allergies, special needs, dietary restrictions, illness etc. and anything else you feel relevant.

Permission and Insurance Information

I / We hereby give permission for the student named above to participate in the trip indicated.*

In the event of his/her subsequent withdrawal from the trip I am / we are obligated to pay for any non-recoverable expenses incurred by Star Surf Camps.*

Yes

I / We understand that it is my / our responsibility to provide for appropriate accident and health insurance for him / her.*

Yes

I / We give permission to the chaperone(s) to authorize, on my behalf, any emergency medical care, including surgery, which on the recommendation of qualified medical personnel may be deemed necessary. In such circumstances, the chaperone(s) will seek to advise me, or the designated emergency contact, at the earliest convenience.

I agree*

Yes

I / We understand that travel and outdoor activities carry inherent risks. Star Surf Camps, it's surf instructors, teamers and associates, will whenever possible identify risk and take appropriate safety precautions. In line with UK law, Star Surf Camps waive liability in respect of all personal injuries or property losses which my / our child may suffer arising out of, or connected with, his or her preparation for or participation in the aforesaid program or activity.

I agree*

Yes

I / We have attached appropriate and relevant insurance documentation for my / our child.

Signature(s) of parent(s) / legal guardian(s)

_____ Signature _____ Date _____
full name(s) of parent(s) / legal guardian(s)

_____ Signature _____ Date _____
full name(s) of parent(s) / legal guardian(s)