



**Judo  
alberta**

The Alberta Kodokan Black Belt Association

**PERMISSION TO TRAVEL AND MEDICAL AUTHORIZATION**

I hereby grant permission for my child \_\_\_\_\_ to travel to \_\_\_\_\_ with Judo Alberta to take part in the 2007 Junior Nationals (hereafter referred to as "the event").

I hereby authorize any of the following named persons: **Garry Yamashita, Kelly Thornton, Laurie Wiltshire or Helen Bienert** to act on my behalf in any and all matters requiring parental consent for my said child during the event, or traveling to or from the event. In particular, and without restricting the generality of the foregoing, in case of injury or illness, any one of the said named persons may grant permission to any doctor to give such medical assistance or treatment as may be necessary.

I agree to accept all financial obligations incurred as a result of any medical assistance, hospitalization and related expenses provided in connection with any injury or illness to my said child.

Parent/Guardian: \_\_\_\_\_  
Signature \_\_\_\_\_ Print \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Signature \_\_\_\_\_ Print \_\_\_\_\_

Date: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Please complete the following information for the above named child:**

Alberta Health Care # : \_\_\_\_\_

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

Ongoing medical problems: \_\_\_\_\_

\_\_\_\_\_

Current medications: \_\_\_\_\_

\_\_\_\_\_

**IN EVENT OF EMERGENCY CARE:** Parents/Legal Guardian contacted Yes  No

**Date of Contact:** \_\_\_\_\_ **Time of Contact:** \_\_\_\_\_

**Comments:**