



ALBERTA SKI JUMPING  
& NORDIC COMBINED



## SKI JUMPING NORDIC COMBINED TRAINING CENTRE

# INTERNATIONAL TRAVEL INFORMATION PACKAGE

ATHLETE NAME:

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EVENT:

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LOCATION:

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DATES:

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# SKI JUMPING NORDIC COMBINED TRAINING CENTRE

**A COPY OF THIS FORM MUST BE CARRIED BY ATHLETE'S COACH AT ALL TIMES**

## INTERNATIONAL EMERGENCY CONTACT/CONSENT FORM

**Note:** If applicant is under 18 parent or guardian must sign.

Athlete's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_

We \_\_\_\_\_ being the parent of \_\_\_\_\_  
(Parent(s)/Guardian(s) Name) (Child's Name)  
am aware that my child is involved in an activity where illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the coach in charge, or designate(s) \_\_\_\_\_ to make arrangements for qualified surgical or medical attention for my child in the event of an emergency without the necessity of my prior approval. I understand that I will be notified as soon as possible in the event of any injury or accident. However, if medical attention authority is exercised; such action was considered necessary for the safety and well being of my child.

### PARENT(S)/GUARDIAN(S) PHONE NUMBERS

Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

#### Other Emergency Contacts:

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### IMPORTANT MEDICAL INFORMATION

Alberta Health Care Number: \_\_\_\_\_ Allergies: \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Current Medications: \_\_\_\_\_

Out of Country Medical Insurance Policy #: \_\_\_\_\_

#### Permission to Participate:

I the undersigned, after having read, understood and completed the above, hereby give my permission for my child to attend and participate in the following activities:

*Ski Jumping, Cross Country skiing, In line Skating, Biking, Swimming, Gymnastics, Soccer, Cross training, Physical training, Skiing / Hiking / Biking whilst accompanied by the coach.*

Dates this consent is effective: \_\_\_\_\_ from \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# SKI JUMPING NORDIC COMBINED TRAINING CENTRE

**A COPY OF THIS FORM MUST BE CARRIED BY ATHLETE'S COACH AT ALL TIMES**

## INTERNATIONAL TRAVEL CONSENT FORM

**Note:** If applicant is under 18 parent or guardian must sign.

Athlete's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

We \_\_\_\_\_ hereby give permission for our child  
(Parent(s)/Guardian(s) name)  
\_\_\_\_\_, born on \_\_\_\_\_,  
(Child's name) (Date)  
to accompany \_\_\_\_\_ from the National Ski Jumping and Nordic Combined  
(Coach(s) name)  
Training Centre in Calgary to an event/competition outside of Canada to \_\_\_\_\_  
(Location)  
on \_\_\_\_\_. They will be returning to Calgary on \_\_\_\_\_.  
(Dates) (Date)

### PARENT(S)/GUARDIAN(S) CONTACT INFORMATION

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Other: \_\_\_\_\_

### Other Emergency Contacts:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### IMPORTANT MEDICAL INFORMATION

Alberta Health Care Number: \_\_\_\_\_  
Out of Country Medical Insurance Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Out of Country Training Sanction Request

*Please note:* In order for your training to be covered under the CSA Liability Insurance Program, the CSA Discipline and the CSA must approve all out of country training. All groups training outside of Canada must fill in all requested information below. Any athlete traveling outside of Canada must have proof of appropriate out of country accident coverage that includes repatriation and helicopter evacuation.

- 1) **Club/Team Name:**
  
- 2) **Prime Contact Name and Contact Information:**  
**Name:**  
**Email:**  
**Phone:**  
**Mailing Address:**
  
- 3) **Country of Travel:**
  
- 4) **Dates of Travel:**
  
- 5) **Number of Athletes:**
  
- 6) **Number of Coaches, Trainers, Service Persons:**
  
- 7) **Age range of athletes traveling:**  
(Please note all participants must have proof of out of country accident insurance)
  
- 8) **Specific Destination:** (Please include ski area legal name)
  
- 9) **Description of on-hill medical & rescue services provided:**
  - 1 0) **Medical qualifications of any Team Staff traveling and on-hill personnel:**
  - 1 1) **Availability of ALS/ACLS trauma support:**
  - 12) **Location of nearest trauma facility:**
    - a) Town and distance from ski area:
    - b) Evacuation method to reach this trauma facility:
  - 13) **Please provide local medical support contacts:**

**Forms must be submitted for approval two (2) weeks prior to departure.**