

SJMA Minor Travel Consent Form

I, _____[PARENT/GUARDIAN NAME], am the lawful custodial parent and/or non-custodial parent or legal guardian of:

Minor's Full Name: _____

Date of Birth: _____

By signing below, I agree to the following:

- I authorize _____[MINOR'S NAME] to travel unaccompanied to and from _____[DROPOFF LOCATION] during the program of _____[PROGRAM NAME] beginning on _____[PROGRAM START DATE], and ending on _____[PROGRAM END DATE].
- I understand that _____[MINOR'S NAME] is to arrive by _____[PROGRAM START TIME] and will be departing by _____[PROGRAM END TIME].
- I understand that before _____[MINOR'S NAME] arrives at our program and once they leaves our program, they are not in the care of San Juan Mountains Association.

Emergency contact #1

Name: _____ Relationship: _____ Phone: _____

Emergency contact #2

Name: _____ Relationship: _____ Phone: _____

Parent/Guardian Print name

Parent/Guardian Signature

Date