



**Everett Rowing Association**  
 300 Smith Island Rd.,  
 Everett, WA. 98206  
 (425) 345-5138

**Border Crossing Form**  
 Non Profit Tax ID # 91-1525075

**THIS FORM MUST BE SIGNED BEFORE A NOTARY**

All athletes traveling without their parents and 17 years of age and under, must complete this consent letter. Be sure that the athlete has this letter on them when crossing the border. Passports or enhanced licenses are required for all people 16 years of age and older. If 15 and under, athletes will need a certified copy of their birth certificate and (recommended) picture id.

I, the undersigned, am a parent or legal guardian of \_\_\_\_\_, a minor child under the age of 18. I have given consent for him/her to attend a rowing regatta that takes place in the city of \_\_\_\_\_, Canada during the dates of \_\_\_ to \_\_\_ in the month of \_\_\_\_\_ and year \_\_\_\_\_. I also understand that in order for him/her to cross the United States/Canada border without me, and in the presence of the adult leaders of the Everett Rowing Association, I must give written consent for my minor child, and have my signature witnessed by a Notary Public. He/she was born on \_\_\_\_/\_\_\_\_/\_\_\_\_ in the city of \_\_\_\_\_ and state of \_\_\_\_\_.

1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Parent's Name Printed) (Parent's Signature) (Date)

<b>Parent Information</b>	Name	_____
	Home phone	_____
	Cell phone	_____
	Address (Street)	_____
	Address (City, State, Zip)	_____

<b>Passport</b>	Country of birth	_____
	Name as it appears on passport	_____
	Country of citizenship	_____
	Number	_____
	Expiration date	_____

**Entry Documents** Please attach a copy of the minor's passport, enhanced license, or certified copy of the birth certificate. Ensure originals travel with minor.

**THE FOLLOWING SECTION MUST BE COMPLETED BY A NOTARY**

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her voluntary act for the uses and purposes mentioned in the instrument.

**Notary Public:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**My appointment expires:** \_\_\_\_\_

**Dated:** \_\_\_\_\_  
**(Seal or Stamp)**