



BOXING CANADA
INTERNATIONAL TRAVEL PERMIT

Name of Competition and Host	Competition Location (city and state or country)	Competition Dates	Departure and Return Travel Dates	Name of Main Contact Abroad	Provincial/Territorial Association

Athletes:

Name	Date of Birth	Club Name	Registration #	Phone Number	Email Address	Fully Vaccinated from COVID-19?

Coaches, officials, other members:

Name	Role	Club Name	Registration #	Phone Number	Email Address	Fully Vaccinated from COVID-19?



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By submitting this form, the PSO:

- Confirms that all athletes and coaches included in the application (above) form part of the PSO's high performance program;
- Agrees to indemnify and hold Boxing Canada harmless from any and all liabilities associated with the applicable international event, and that the issuance of the ITP does not violate any regulations and/or guidelines established by the province/territory from which the request is generated;
- Confirms that it has verified that all individuals travelling under the ITP are fully vaccinated from Covid-19, as defined in the ITP Policy and in good standing with the PSO; and
- Confirms that the above information is accurate.

Approved on behalf of the **PSO** by:

Approved by **Boxing Canada**

Date:

Date:

Signature:

Signature: