CONSENT FOR MINOR (0-17) CHILD TO TRAVEL WITHOUT PARENT/LEGAL GUARDIAN

	Date:
I (we):	
born (MM/DD/YYYY):	
Passport number(s) and issuing country, if a	applicable:
to travel on Cruise Ship:	from (Sail Date):
Reservation ID:	_
with the following accompanying adult (ove	er 21):
Adult's Passport Number & issuing country,	if applicable:
Their expected date of return is	·
minor to participate in any activities requiri	ee the minor whilst onboard and to sign waivers for the ng them. In addition, I (we) authorize the above adult to gency medical treatment during the aforementioned cruise, if
Address (of Parent/LG):	
Telephone (of Parent/LG):	
Signed:	Signed:
Print:	Print:
(Parent/Legal Guardian)	(Accompanying Named Adult)