

PERMISION TO PARTICIPATION IN THE CAMP

SURNAME and NAME:	COUNTRY:
TEL. No:	
E-MAIL:	

(FILLED BY PARENT OR LEGAL GUARDIAN)

I agree to my child's participation

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(NAME and SURNAME of the child)

- 1) In the CAMP: **KIDS KENDO IT XII – ISTEBA 4-8.01.2023 R.**
- 2) I accept the full Regulation of the Camp provided my by organizer available with registration form.
- 3) I confirm that my child's health condition allows to safely participate in sports activities within the CAMP.
- 4) I confirm that my child is not sick on COVID-19 and do not stay on quarantine.
- 5) My child is covered by valid accident insurance.
- 6) My child's participation in the CAMP is on my responsibility. I take civil and legal liability for any damage caused during the CAMP as a result of direct or indirect action of my child.
- 7) I consent to the registration of my child's image by audiovisual means (photographs, video) for the purposes of creating promotional materials for the grouping by the Organizer

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Place and date

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signature of the parent / legal guardian