

I the undersigned

Name and surname: _____

Address : _____

Telephone : _____

Email: _____

As: Father Mother Legal guardian

Authorize my son/daughter

Name and surname: _____

Date of birth : ____ / ____ / ____

To take part to the following event

Name of the event: _____

Place _____

Date: ____ / ____ / ____

I declare that my son/daughter is in possession of a valid medical certificate which confirms his/her suitability to participate in the overmentioned competition

If necessary, I authorize the staff responsible for the event to take all measures (first aid, hospital, medical check)

Place and date _____, ____ / ____ / ____

Signature _____