



PARENTS APPROVAL FOR JUNIORS

We hereby approve that our child participates at the European Shinkyokushin Championship Seniors & Juniors on May -11-12.05 2018 in Wrocław, Poland.

- We have a thorough understanding of the rules and regulations of the tournament;
- We will not hold the organization responsible for potential injuries;
- Our child is in good health and we have completed the "State of Health" form.

Country:			
Parents (guardians) Father or guardians:	Child's r	name and surname	
name, surname Mother or guardians:	signatures	date	place
name, surname Emergency contact information:	signatures	date	place
Full name Please provide your full address, and	signatures d your mobile phone n	date number in case of	emergency:
This form is to be filled out and sho	own at the tournamer	nt registration.	