

AUTORISATION

We, the undersigned:

.....
(father's surname, name, date and place of birth, passport number)

.....
(mother's surname, name, date and place of birth, passport number)

Authorise to represent and act in our name the following person, who:

- Is of legal age in (..... years of age) to make the decisions mentioned below;

- Has accepted this authority;

- During the period of to

Surname:

Name:

Date and place of birth:

Nationality and passport number:

Address during competition:

Phone number during competition:

Authorising the above person to make decisions relative to the health of our child:

Surname:

Name:

Date of birth:

FIE licence number:

Nationality and passport number:

Father's signature:

Mother's signature: