**Head of the sports club**

**Of Modern Sword Fighting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(FULL NAME)**

**REFERENCE**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mother \ father) of athlete\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ born\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**allow** my son\daughter to take part in the competitions on Modern Sword Fighting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_held in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at the address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

At the competitions I confide my child to the trainer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(FULL NAME).

My child **is briefed on safety rules** and **undertakes** disciplined behavior and safety rules at the competitions on Modern Sword Fighting, and will not neglect to use the obligatory protective equipment and strictly follow the trainer’s commands. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature)

I am aware that my child is engaged in full contact kind of martial arts, where there is the possibility of accidental injury. I confirm that my child **does not have any medical precautions** to take part in Modern Sword Fighting activities. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature)

I am aware of **the need to insure the life and health of my child** to participate in the competitions and confirm that the life and health of my child **is covered by insurance**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature)

**OR**

I certify that the life and health of my child is not covered by insurance, and I **consciously refuse** to insure his/her life and health in case of an injury at the competitions. \_\_\_\_\_\_\_\_\_\_\_\_\_ (signature)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_