



PARENTAL AUTHORIZATION (U-18)

THE PRESENCE OF A RESPONSIBLE ADULT OR A SUPERVISOR IS COMPULSORY DURING THE WHOLE CONTEST LENGTH

CHILD LASTNAME AND FIRST NAME:

I undersigned: LASTNAME: FIRST NAME :

Acting as Mother ☐ Father ☐

ADDRESS:

PHONE:

MAIL:

I give authorization to my child to participate in the Carnon Wingfoil Event.

IN CASE OF EMERGENCY: If the organizers of the Carnon Wingfoil Event are faced with an incident they consider important and they find it impossible to get in touch with the parents, the child will be transported to the nearest hospital with the help of the emergency services (helicopter, ambulance, firemen).

Done on:, at:

SIGNATURE OF THE LEGAL PERSON IN CHARGE