

AUTHORIZATION

We, the undersigned:

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

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

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

- is of legal age in his/her country of residence, xxxx, to make the decisions mentioned below
- has accepted this power of attorney
- during the period of:

Surname:

Name:

Date and place of birth:

Nationality and passport number:

Address during competition:

Phone number during competition:

Authorize the above person to make decisions related to the health of our child:

Surname:

Name:

Date of birth:

FIE Licence Number:

ECC License Number:

Nationality and passport number:

Father's Signature:

Mother's Signature: