

Minor Athlete International Competition Consent Form

Athlete Information

Full Name

Date of Birth

Passport Number

Address

Parent/Guardian Information

Parent/Guardian Name

Contact Number

Email Address

Event Information

Event Name

Event Location

Start Date

End Date

Consent and Authorization

☐ I, the undersigned parent/guardian, consent to my minor's participation in the above-mentioned international competition.

☐ I authorize the event organizers to seek emergency medical treatment for my child if necessary.

☐ I authorize my child to travel internationally with the team delegation.

Parent/Guardian Signature

Date

Athlete Signature

Date
