

**Kin Su Dojo**

## Consent Form



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We the undersigned hereby authorize the official of the (kin Su Dojo) judo club,

Mr. Gaetano Scerri ID No: 491962 M to sign on our behalf for any emergency medical or Surgical intervention, or any other situation which needs parental or guardian signatures,

be required for our son /daughter \_\_\_\_\_( full name in block letters )

This authorization will remain valid while he/ she is traveling to \_\_\_\_\_ Judo \_\_\_\_\_ to be held in \_\_\_\_\_, \_\_\_\_\_ between the \_\_\_\_\_ . Should we be unable to be reached by telephone prior to the necessary action being taken.

They will be traveling on the \_\_\_\_\_ and returning to Malta on the \_\_\_\_\_.

We also indemnify kin Su Dojo Judo Club and the responsible officials and will not hold them responsible for any consequences that may arise from such signatures.

Date \_\_\_\_\_

Father name \_\_\_\_\_ in block

Father signature \_\_\_\_\_

Father mobile no \_\_\_\_\_

ID card no \_\_\_\_\_

Mother name \_\_\_\_\_ in block

Mother signature \_\_\_\_\_

Mother mobile no \_\_\_\_\_

ID card no \_\_\_\_\_