



KRAV MAGA LUXEMBOURG

**PARENTAL AUTHORISATION 2019 - 2020**

**I, the undersigned,**

.....

Father - mother - guardian (cross out those that don't apply)

Residing at

.....

.....

Telephone : home ..... business .....

SOCIAL SECURITY N°:.....

**Authorise my child**

**SURNAME**.....**NAME**.....

to participate in training sessions and special events hosted by Krav Maga Luxembourg during the **2019-2020** season.

I hereby authorize medical care for any incidents that occur as the direct result of participation.

Signed in ..... on .....

Signed  
(precede signature with "read and approved")