



KRAV MAGA LUXEMBOURG

PARENTAL AUTHORISATION 2024 - 2025

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 **2024-2025** 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")