

# KYOKUSHIN CUP 7 in Zielonka

September 21, 2019

## **PERMISSION FORM SEMI CONTACT**

My child (children) has (have) permission to participate in the SEMI CONTACT "KYOKUSHIN CUP" 7th Tournament of Karate Kyokushin to be held at Zielonka on September 21th, 2019.

I understand that there will be physical contact while sparring, grappling and participating in other events. Although great care given to reduce risk, I understand karate competitions are not without an element of danger.

I understand the risks involved with this type of program and will not hold responsible PS2 for any accident or injury that may occur while participating in the tournament or on the premises of PS2. I declare that my child are physically fit and have the skill level required to participate in the Event or any of such activities. I further authorize medical treatment for my child, at my cost, if the need arises. I agree that the personal information I provide about my child and his / her image will be used for all activities related to the above. Competition

Child's (Children's) Name (s): \_\_\_\_\_ Adress: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

---

# KYOKUSHIN CUP 7 in Zielonka

September 21, 2019

## **PERMISSION FORM SEMI CONTACT**

My child (children) has (have) permission to participate in the SEMI CONTACT "KYOKUSHIN CUP" 7th Tournament of Karate Kyokushin to be held at Zielonka on September 21th, 2019.

I understand that there will be physical contact while sparring, grappling and participating in other events. Although great care given to reduce risk, I understand karate competitions are not without an element of danger.

I understand the risks involved with this type of program and will not hold responsible PS2 for any accident or injury that may occur while participating in the tournament or on the premises of PS2. I declare that my child are physically fit and have the skill level required to participate in the Event or any of such activities. I further authorize medical treatment for my child, at my cost, if the need arises. I agree that the personal information I provide about my child and his / her image will be used for all activities related to the above. Competition

Child's (Children's) Name (s): \_\_\_\_\_ Adress: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_