

AGREEMENT FORM

(From the parent)

I, _____

(Full name)

passport :

series _____ number _____ issued _____ date _____

Date of Birth _____

I know and understand the rules of the International Tournament by Kyokushin Karate (among children, youths and juniors) 5-6 October 2019.

Allow my son or daughter (_____) to participate in the tournament. (name)

In case of injury claims against the organizers of the tournament will not be .

Parent Signature: _____ Date: _____

Coach Signature: _____ Date: _____