



**PARENTAL CONCENT FORA
MINOR ATHLETE**

I, the undersigned

Surname and forename:

**acting as Father, Mother or Legal Representative (delete as appropriate)
authorizes:**

Surname and forename:

Date of birth:

To participate:

organized by the association VSOP-XO,

on (date):

**I agree to my son/daughter receiving any and all emergency medical
treatment.**

DATE :

SIGNATURE :