“EUROPEAN KARATE KYOKUSHINKAI TOURNAMENT”

TEZUKA CUP

PARENTAL AUTHORIZATION

Mr./Ms:_____

_____

ID.:_____, in the capacity of mother, father or legal guardian of the
child:_____

Born on (Date):_____

I AUTHORIZE HIM/HER TO PARTICIPATE: In “European Karate Kyokushinkai, Tezuka Cup” , on the A Coruña, city. Spain, on the Sports Center Monte das Moas, on the day june, 6th of 2026.

I reléase the Tournament organizers from all liability, having been informed of the risks involved in the sport and the requirement for competitors to have insurance to participate in this tournament. Finally, i assign all image rights of my Ward in this Tournament to the organizers without any compensation.

SIGNATURE:

PD: A copy of the competitor´s and their guardian ID must be send.