

ŠDM Parental consent form for minors

>>> fill this out and give it to the group leader

>> I/We, the	undersigned				(Names, Surname
					(Names, Surnames
	resident in				(Number, Street, ZIP, City, Country)
	Telephone		Mobile		
(as parent/s	as lega	l guardian/s		
of					(Name, Surname)
born on		(Date of birth)	in		(Place of birth)
resident in					(Number, Street, ZIP, City, Country
>> I/we consent that h Krakow (26-31 July		Days in the Polish (Dioceses (19-25 July 20	016) and/orin World Youth Da	
l/We delegate respo	-				(Name, Surname)
born on		(Date of birth)	in		(Place of birth)
resident in					(Number, Street, ZIP, City, Country
>> Allergies and medi	ication				
Specific obligation	s and restrictions				
	ereafter "the Event"), do no			the organisation of World You or for any possible damage cau	
during the Event – Code (consolidated identified by the O the Event, includin	under the provisions of Art I text Journal of Laws 2014 rganiser or any entity work	icle 415 with respe , item 121) – in pa ing with the Organ ents of host famil	t to Articles 427 and rticular for any dama iser, e.g. in the accon	y for any damage caused by thi 428 of the Act of 23 April 196 age caused by this minor in the nmodation venue of the minor ans providing accommodation	4 - Civil ne place r during
	ne minimum age for particip on over the age of 18.	ation in the Event	s 14 and that respons	ibility for a minor participant r	nust be