



# SLOVAK OPEN 2023 Memorial of Ladislav "Doky" Toth



## PARENTAL / LEGAL GUARDIAN CONSENT

I \_\_\_\_\_ as parent(s) / legal guardian of the minor  
son / daughter \_\_\_\_\_ Passport / ID number \_\_\_\_\_  
*Full name of underage competitor* *Passport / ID Number*

**agree that my son / daughter participate as a competitor on kickboxing competition**

\_\_\_\_\_/\_\_\_\_\_  
*Name of the competition* *Place and date of competition*

accompanied by a coach \_\_\_\_\_ Passport / ID number \_\_\_\_\_  
*Full name of coach* *Coach's Passport / ID Number*

I confirm with my signature that I fully agree with all of the provisions set out in the **WAKO Liability Waiver** and confirm **valid Medical certificate / WAKO Medical certificate** signed by my son / daughter.

I also confirm with my signature that I fully agree that in case of an accident and the need of medical assistance to my son / daughter, all necessary exams (including x-rays and CT scan) and all necessary medical treatments (including blood transfusions and surgical procedures) should be performed.

The above-mentioned coach, who is also signing this document, will be responsible of staying with my underage son / daughter in case of accidents needing medical treatment that may last longer than the duration of the kickboxing competition. This includes COVID-19 related aspects (isolation, quarantine, hospitalization, etc.). The coach will be allowed to come back home only at the arrival of the parent / legal guardian of the minor. I also declare that, pursuant to Regulation (EU) 679/2016 (GDPR), I am aware that the data collected through this document will be processed for the purposes described in WAKO Privacy Notice and that I have taken vision of the latter pursuant to art.13 GDPR.

**I declare to have read and understood the content of this document.**

**Place and Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Parent(s)' or Legal Guardian's signature

Coach's signature