



HUNGARIAN POLE AND AERIAL SPORTS FEDERATION

Szigetszentmiklós Iparvágány utca 29/C · +36302525494

E-mail: hpasf.ipsf@gmail.com

www.hpasf.hu

Parental Consent Form

Undersigned,

Name:

Place and date of birth:

Address:

ID number:

as legal representative of, hereby
declare that I give my consent for my child to participate in the competition
organized by the **Hungarian Pole and Aerial Sports Federation**

Competition name:

which will be held on

I acknowledge and accept that participation in the competition involves physical
exertion, and I declare that my child's health condition allows safe participation.

I further consent that photos and video recordings may be taken of my child during
the competition, which the organizers may use for promotional purposes.

I declare that I accept all rules and regulations related to the competition and
I undertake that my child will participate in compliance with them.

Date:

Signature of Parent / Legal Representative: