Malta Tang Soo Do Association - Parent / Legal Guardian Consent Form
I,(Name)(Surname)
the undersigned, being the parent/legal guardian of
(Name)(Surname)
give him / her permission to attend
(Name of place / activity) organised by the Malta Tang Soo Do Association
on/(Date)
I hereby authorise the person in charge to make the necessary arrangements for the welfare of my son / daughter (including medical or surgical treatment) in the case of an emergency.
Signature of parent / legal guardian:
Signature of parent / legal guardian:
Date:/
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I,(Surname)
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I,