



## XIV CUP A OF SPAIN OF GRANADILLA

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### PARENTAL AUTHORIZATION

The undersigned Mr. / Mrs. ....

with ID number..... contact telephone numbers.....

.....authorizes as parent/guardian (strike out what is not

applicable) for the athlete to (under-age):.....,

with ID. no.: .....born on ..... of ..... of .....,

to travel to Granadilla – Tenerife, between December 13th and December 15th to participate

in the **XIV Spanish Cup A in Granadilla** on December 14, 2024 in the category of:

.....

In such situations, I inform the organization that the athlete is allergic to the following medications:

.....

When it comes to food, the athlete is allergic to:

.....

\* I also AUTHORIZE the recording, dissemination and photos by “The Organization, Club and Federation” of the images associated with said events. In any format and/or medium (paper, electronic, telematic, etc.) and in the media that are usually used to disseminate your information.

\*The Organization is not responsible for possible injuries, hospital treatment, accidents and other causes that may arise from participation in the competition.

\*All competitors must have their own insurance. In the event of injury or illness, the medical diagnosis is accepted and treatment or travel to medical care centers and hospitals is authorized.

\*As a parent or guardian, I accept the rules of this competition.

\*Likewise, the organization is not responsible for the control of food or other concepts to be taken or cared for by those participants who are aware or not of possible allergies.

In..... December .....2024.

SIGNED: