Letter of consent

We, the undersigned,	
PESEL (personal ID no.):	(first name and surname of the child)
participating in the European Championships/V We authorize by them (in writing) to take care of and supervi We confirm the following:	, who is in charge of the trip, or a person appointed
- The athlete has a valid medical certificate issu	ned by a sports physician for Ju-Jitsu, which allows them to resent the certificate to the Organizer before the start of the
- The athlete has all the documents necessary to	o participate in the trip and compete.
- There are no medical or health counter-indica aforementioned competition.	tions preventing the athlete from taking part in the
- The competitor agrees to undergo anti-doping WADA regulations.	g control during the competition in accordance with applicable
C	n the current official list of prohibited substances approved by
WADA.	
item. 1781) I give my consent to the Athlete's personal d Związek Ju-Jitsu Sportowego) for purposes related to the have been informed of my right to access the data, to me my consent to the use of the personal data as a whole or refers to a multiple, unlimited quantitatively, temporarily unlimited spectrum, in particular: A) registering and copying by any means, B)	on the Protection of Personal Data (unified text: Journal of Laws of 2019, ata being processed by the Polish Sports Ju-Jitsu Association (Polski e organization of sports competitions and promotion. I also confirm that I diffy them and of the voluntary character of their administration; I give in any excerpts in promotional or advertising materials This consent or territorially, use of the Athlete's image, voice and statements in
placing on the market,	ave access to it at a place and time individually chosen (including, among
others, sharing it on the Internet) D) public display,	ive access to it at a place and time individually chosen (including, among
E) modifying, in particular by changing colours, size, cre	opping, distorting, adding text, image or sound.
	, who is in charge of the trip, or a person appointed by spitalization, treatment or operations in case of life/health
	notion sickness, haemorrhages, medications, etc.)
date and legible signature of parent / guardian	date and legible signature of parent / guardian