**AUTHORISATION SAMPLE**

We, the undersigned:

………………………………………………………………………………………………………………………………………………………..

(father’s surname, name, date and place of birth, passport number)

………………………………………………………………………………………………………………………………………………………….

(mother’s surname, name, date and place of birth, passport number)

**Authorise to represent and act in our name the following person, who:**

* Is of legal age in (write the name of the country) to make the decisions

mentioned below;

* Has accepted this authority;

- During the period of ………………………………………..to……………………………………………..

Surname:…………………………………………………………………………………………………………………………………………

Name:……………………………………………………………………………………………………………………………………………

Date and place of birth:…………………………………………………………………………………………………………………

Nationality and passport number: …………………………………………………………………………………………………

Address during competition:…………………………………………………………………………………………………………

Phone number during competition:…………………………………………………………………………………

**Authorising the above person to make decisions relative to the health of our child:**

Surname:…………………………………………………………………………………………………………………………………………

Name:…………………………………………………………………………………………………………………………………………..

Date of birth:…………………………………………………………………………………………………………………………..

FIE Licence Number:………………………………………………………………………………………………………………………

Nationality and passport number: …………………………………………………………………………………………………

Father’s Signature: Mother’s Signature: