Standard authorization form for children and adolescents accommodation and participation in sports activities related to the ISSF Final Olympic Qualification Championship R/P Rio de Janeiro 2024:

| **Child/adolescent name:** |
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| **Number and type of child/adolescent identity document (country of origin ID, passport or birth certification):** |
| **Name of person signing this authorization form (father, mother or legal guardian):** |
| **Number and type of identity document of the person signing this authorization form (ID, passport or other country of origin identity document):** |
| **Child/adolescent address (number, street, city, state, country):** |
| **Parents or legal guardians contact phone number(s) and e-mail(s):** |

1. **Authorization for accommodation in Brazil**. I hereby authorize the aforementioned child or adolescent (until 18 years old) to stay in Brazil at hotel guesthouse or similar establishment accompanied by the following 18 years or older person.

| **Accompanying persons name:** |
| --- |
| **Number and type of accompanying identity document (ID, passport or other country of origin identity document):** |

1. **Authorization to participate in sports activities related to the** ISSF Final Olympic Qualification Championship R/P Rio de Janeiro 2024**.**

I hereby authorize the aforementioned child or adolescent (until 18 years old) to participate in sports activities related to the ISSF Final Olympic Qualification Championship R/P Rio de Janeiro 2024 as well as the use of his/her image by the event organization. I declare that the child/adolescent has a regular student attendance and is in good health condition.

| **Type of participation (athlete or official):** |
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| **Place and date of authorization signature:** |
| **Signature of father, mother or legal guardian:** |

This authorization should be accompanied by regular copy of the identity documents of the signatory and the child/adolescent, public notary authentication of signature is not necessary.

| **MEDICAL CERTIFICATE** |
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|  |
| I, the undersigned Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has undergone medical examination, which revealed that said athlete has no contraindication for participating in the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or in any sport activity. |

City, Date

Name/ID

**SCHOOLING STATEMENT**

The herein signatory institution state and declare that the Athlete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, passport/ID number \_\_\_\_\_\_\_\_\_, is duly enrolled at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (grade/year) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (School/College name).

City, Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/ID