



איגוד הסיוף בישראל

עמותה מס' 580244838
תקנון משנה לתחרויות וניקוד



AUTORISATION

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 Israel (18 years of age) to make the decisions mentioned below;
- Has accepted this authority;
- During the period ofto.....

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:

לקראת כל תחרות בה יטול חלק קטינים
האיש הממונה לאותה תחרות