to Latvian Volleyball Federation

**PARENTAL PERMISSION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent's name, surname), phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to participate and am informed that my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name, surname) will participate in the stages of the Latvian Youth Beach Championship organized by LVF in the following age groups:

U14

U16

U18

U20

(mark the necessary), which will take place in the summer of 2023.

I certify that my child is physically and emotionally prepared for participation in sports competitions. I confirm that he/she knows and understands the generally accepted norms of behavior in public sports events (do not swear, do not damage the equipment, do not disturb the members of other teams, etc.).

I agree that my child will be photographed and filmed during the event. The obtained materials, according to the regulations, can be published and will be publicly available.

With this signature, I confirm that I am allowed to participate and that I have familiarized myself with the rules of the event and will follow them.

Parent's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_