to Latvian Volleyball Federation

**PARENTAL PERMISSION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent's name, surname), telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 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 all age groups, according to the child's year of birth.

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.

The parental permission is valid until the permission is revoked in writing (by writing an application to LVF) or until the child reaches the age of majority.

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