



# U. P. Athletics Association

Affiliated to U. P. Olympic Association & Athletics Federation of India

## Standard Operating Procedure (SOP)

## STATE ATHLETICS CHAMPIONSHIPS

### Consent Form by Parent / Guardian

I hereby confirm that, I \_\_\_\_\_ am the parent/legal guardian of \_\_\_\_\_.

I hereby consent to the above child participating in the State Athletics Competitions conducted by U.P. Athletics Association. I have provided contact details below and undertake to inform the Organizers of any changes to this information. I confirm that all details are true & correct to my knowledge and I submit parental consent for my child to participate in any of the athletics events during the Athletics Championships.

I confirm that I have read the terms and conditions of the Competition and undertake to abide by the obligations which it imposes on me as the parent/legal guardian of the above-named child.

I acknowledge that the U.P. Athletics Association or the Organisers of State Athletics Championships are not responsible for providing adult supervision for my child except as set out in their terms and conditions.

Signature \_\_\_\_\_

Name: \_\_\_\_\_

Name of Child: \_\_\_\_\_

### **Contact Details**

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent's Mobile Phone No.: \_\_\_\_\_

Emergency Contact No. (1): \_\_\_\_\_

Emergency Contact No. (2): \_\_\_\_\_