

Children's Triathlon Registration Form – Parental Statement

Child's personal details

Full Name:	
Date of birth:	
Parent's phone nynber:	
Address:	
City:	
Group - Club:	

The undersigned	with I.D number and
parent/ guardian of	, affirm that I permit and consent
with my child's participation to the Children's Triathlo	on Event " 3rd TRIMORE Syros Triathlon " which
will be held on the 24th of June 2018 in Syros island – G	reece. I certify that my child has gone through
all the medical examinations required and is capable o	of competing in such a demanding race. In any
case of urgent medical care during my child's particip	pation in the race, I authorize the Organizing
Committee and the responsible attendants to take any	urgent medical care, including hospitalization,
as necessary in order to protect the child's health. By	allowing my child to participate in the race, I
give my permission to the Organizing Committee and	d race sponsors to use the athlete's photos,
name, voice and words in TV, radio, newspapers. Ir	nternet, in order to spead and promote the
objectives and events of this athletic event, in Syros isla	and. Finally, I resign from all claims against the
organizers for any injuries or damages my child may su	uffer during the race.

Parent's / Guardian Signature

Date:

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Please send the statement at <u>syrostriathlon@diaplous-ssda.gr</u> or hand it over at the secretariat's desk before the beginning of the race