

PARENTAL CONSENT FORM

PERMISSION TO PARTICIPATE IN THE ISRAEL POLE AND AERIAL CHAMPIONSHIP 2026

I the undersigned certifies that I am the PARENT or LEGAL GUARDIAN of the below named CHILD. I hereby authorize my MINOR CHILD named below to participate in the ISRAEL POLE and AERIAL CHAMPIONSHIP 2026.

First and Last Name of Child: _____

Identification Number of Child: _____

Date of Birth of Child: _____

Parent or Legal Guardian First
and Last Name: _____

Contact Email Address: _____

Contact Phone Number: _____

I confirm that by completing this form I have read, understand, and agree to the RULES AND REGULATIONS of the championship. I understand that my child's participation in this sport activity has certain risks associated with it. I agree to assume these risks. I confirm that I am well informed about all the championship's details.

SIGNATURE

DATE

