



Parental Authorization for an Upgrade

I. The signatory

LAST NAME	Name
Address	

Consent that my child

LAST NAME	Name
Birth date	Nationality
Address	

PLAY RUGBY AND RESPECT THE STATUTES OF

CLUB	Saison 2021-2022
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I expressly agree that my child may play against teams with older players or be part of a team with older players. I also accept the risks associated with playing with players who are stronger and more physically developed than my child.

Validation

Place	Date	Signature
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To be returned to DTN : dtn@suisserugby.com