



PARENTAL CONSENT FORM (FOR PARTICIPANTS UNDER THE AGE OF 18)

EUROPEAN CHEER OPEN SUPER CUP CHALLENGE 2025

“Under the auspices of the Hellenic Cheerleading Federation”

CLUB NAME _____

I, the undersigned, declare that I authorize my minor child to attend and participate in the EUROPEAN CHEER OPEN SUPER CUP CHALLENGE 2025

I certify, assuming full responsibility, that my minor child has undergone all the essential medical exams, has received the necessary cardiologic check up, from a pediatrician or cardiologist in charge and has been given the permission to participate in athletic events, is in good health and doesn't suffer from a condition that might affect the child's ability to compete or will be liable to adversely affect the child's condition by taking part in the events.

I do hereby waive, release and hold harmless the Federation and its officers and the organizers for any damage that may be suffered by my child, however caused, and especially in the event of injury or any other accident that my child may suffer in the normal course of participation in the designated sport and the activities incidental thereto. Moreover, I give the right and permission for the free use of the name / image of myself and my minor child from the Mass Media to the Club, the Federation, the Organizers and the potential sponsors, as well as for the notification of the athletic authorities in charge. Considering that all the information that has been included in the participation form will be used only for purposes connected to the organization of the specific athletic event, I consent to the retention of my personal information and the information of my child (name, birth date, club, participation country, etc) as archive, after the end of the event, from the Hellenic Cheerleading Federation. I hereby declare that I have read, understood and agreed to the participation rules and to the information above.

THERE WILL BE MEDICAL SUPERVISION DURING THE EVENT

FULL NAME OF CHILD / PARTICIPANT (in capital letters)		
MEDICAL HISTORY: THERE IS A HEALTH CONDITION e.g. (DIABETES, ANEMIA, EPILEPSY)	YES	NO
PHARMACEUTICAL TREATMENT BEING RECEIVED:		
Further useful information:		
FULL NAME OF PARENT OR LEGAL GUARDIAN (in capital letters)		
IDENTIFICATION OR PASSPORT NUMBER OF PARENT OR LEGAL GUARDIAN	DATE	SIGNATURE OF PARENT OR LEGAL GUARDIAN
MOBILE PHONE:		