

Declaration of consent for the ATS-Youth Congress _____

We/I, as the legal guardian(s) of _____ (born _____), agree that she/he participates at the ATS-Youth Congress _____ (including all activities mentioned in the events schedule), which takes place from January ___ to ___, 20___ in Krelingen.

The accompanying adult/Chaperone _____ (residing in _____) agreed that we/I transfer the responsibility of _____ to him.

Our/my child accepts the authority and responsibility of that person during the stay and drive. In case of major or repeated violations of the rules of the organizer the child can be sent home prematurely.

Legal Guardian/Parent #1

First name

Last name

Address

ZIP, city

Country

Phone

E-mail address

Place, date, signature

Legal Guardian/Parent #2

First name

Last name

Address

ZIP, city

Country

Phone

E-mail address

Place, date, signature

Organizer:
ATS Youth Congress
info@atsyc.de

Please print this document, fill it out completely,
sign it and send it via fax or e-mail.