

AUTHORIZATION DOCUMENT

I, ID number / passport:.....
..... as father/mother / guardian to
Student:.....
completing this registration, I authorize my son /daughter to join the Saturday
Basketball School of the CBA-Veszprém declaring that my son /daughter does not
suffer any physical disability that prevents him/her from basketball practice and
develop physical training activities in the CBA-Veszprém Saturday Basketball School.

SIGNATURE OF PARENT OF GUARDIAN / A LEGAL:

.....

Date:

.....

(kinship)

DO NOT HESITATE TO CONTACT US!

Web: veszpremkosar.hu/cba-veszprem/saturday-basketball-school

Phone or Whatsapp: +36 30 955 7610

Email: cba@veszpremkosar.hu

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