

## Registration/ Authorisation form template

**REGISTRATION / AUTHORISATION**

SURNAMES	NAME	Nº ID	Nº PASSPORT
		Expires:	Expires:
ADDRESS			DATE OF BIRTH
E-MAIL	CONTACT PERSON		TELEPHONE

Illnesses or problems to be taken into consideration. Allergies. Dietary needs.	Nº of student health card

**AUTHORISATION**

I, Mr/Ms.

as father / mother / guardian of the participant

of years of age and with ID:

registered in

at

the centre/club/association:

I hereby CERTIFY, as guardian of the student whose personal details appear above, accept all the conditions of the proposed trip and the authority of the organiser. I AUTHORISE the accompanying professors to make timely decisions in the case of a medical emergency, after attempting to contact the parents/guardians. I also accept full liability for all the actions of civil responsibility of the conduct of my son / daughter; and accept that any contingency will be resolved within the framework of the Insurance that has been contracted for the days included in the trip. No other type of responsibility can be invoked.

Likewise, I understand and AUTHORISE responsibility of any expenses that may result in the case of serious breach of the rules of the trip by the student, or of the appearance of conduct that endangers their safety and personal integrity or that of the rest of the components of the cultural / sports trip, including among these norms the consumption of alcohol or psychotropic substances.

After communication to the parents, those in charge of the trip will leave, in this case, the student to the care of authorities and / or people who are in charge of the means of transport chosen for the return, with the parents / guardians being responsible for picking up their students at the destination.

And for the record and in proof of compliance I sign this AUTHORISATION in

..... on the ..... of ..... of .....

Signature of father / mother / guardian

Signature of student