I, the undersigned

(LAST NAME, First Name)



21.legal guardian of my child

(LAST NAME, First Name)



22.Authorize my child to participate in all activities, collective and individual, organized during the seminar by the responsible parties and their teams;



I agree

23.Authorize, in case of necessity and following the advice of medical personnel, the responsible parties organizing the seminar to take all measures made necessary by the medical condition of my child to allow for hospitalization and release from hospital, medical treatment, as well as surgical intervention with or without anaesthesia.



I agree

To be sent by e-mail to: inscription@aisa-ong.org