

PHOTO

To,
Secretary
District Athletics Association
Hanumangarh

SUBJECT:- PARENT'S CONSENT/ NO OBJECTION/ RISK CERTIFICATE

This is to certify that my Son /Daughter _____

Date Of Birth _____ Address: _____

I have no objection to send my ward participate in district /state /National Level athletics Championships. My ward is Physically and Mentally fit to participate in any Athletics Event's and have no medical problem, disease. The district Athletics Association will not in any way be liable to me

My dependents for any loss, damage, disability or injury being sustained by my ward during Meet/Travel. I allow my ward to stay out at night (district/state/National) at the venue during the Meet.

Therefore, I am submitting my consent letter along with Medical/Fitness certificate with full faith in district Athletics Association about Participation of my ward. I and my family will neither violet any rules nor over look the instruction/decisions of district Athletics Association Authority at any stage in the subject of athletics participation selection/Result.

Date: ___/___/_____

Signature of the parent _____

Name of parent: _____

Contact No. _____