CONSENT FORM

Parental consent form

Players Name:_____

Address:_____

Age: _____ D.O.B:___ /___ /____ Gender: M F

Parent/Guardian Name:_____

IN CASE OF EMERGENCY

Father's Name:_____ Contact Phone:_____

Mother's Name:_____ Contact Phone:_____

I / We the undersigned hereby certify that I (we) am (are) the parent (s) or legal guardian (s) of the player. I (We) hereby give permission to allow my son/daughter to participate in the **any competition organized by Canada Kabaddi 2026-27** and allow the organizers to seek appropriate medical attention for the player and for the medical attention to be given and for the player to receive medical attention in the event of accident, injury or illness.

I/ We, undersigned for ourselves our heirs, executors and administrators waive, release and forever discharge the Federation, and its staff, officers, agents, employees, representatives and successors and assign of and from rights and claims for damages, injury or loss to person or property which may be sustained or occur during participating in the event, whether or not damages, injury or loss is due to negligence.

I / We hereby acknowledge that our child is physically fit mentally capable of participating in the event activities.

I/We hereby authorize the release of any photographs or recordings, in any media, of the minor child in materials utilized by the Federation in its promotional, sales, or marketing efforts."

This agreement/consent is valid only for 1 year from the date of registration.

Parent/Guardian Signature: _____ Date:_____ /____ /_____