



PARENT CONSENT FORM

Parent /Guadian Name :

IC No / Passport No :

Address :

Contact Number :

I agree that the student’s name below is under my guardian and supervision:

Student’s Name :

IC No / Passport No :

School / Club :

I hereby give my consent for the above student to participate for the mentioned details below:

Programme : ***HIS Open Archery Championships 1.20***

Date : ***13 – 15 March 2020***

Venue : ***Padang Sekolah Islam Hidayah, Johor Bahru, Johor***

Organizer : ***Sekolah Islam Hidayah Johor***

Co-organizer : ***Kementerian Pendidikan Malaysia (KPM)***
Jabatan Pelajaran Negeri Johor (JPNJ)
Persatuan Memanah Negeri Johor (PMNJ)

2. I further authorize the school/club/organizer officials, through a certified health care specialist, qualified coach/staff, or a physician of its own choice, to provide any emergency and/or follow-up medical care that may become reasonably necessary for the student in the course of such archery practice, competition or travel. I agree not to hold the school/club/organizer or anyone acting on its behalf responsible for any injury incurred to the abovenamed student in the course of such archery event or travel. Furthermore, I certify that I know and understand the extend of the risks involved in the participation of archery event activities. I also agree that the abovenamed student has covered by an insurance scheme.

3. I agree that the abovenamed student **HAVE / DOES NOT HAVE** any chronic disease.
 Please specify (If any):

Parent / Guardian Signature :

Name :

Date :

Signature of Student :

Name :

Date :