

CONSENT LETTER (Lampiran 3)



PARENT CONSENT FORM

Parent / Guardian 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 Remote Archery Scoring 1.20*  
Date : *12-14 Mac 2021*  
Venue : *At Your Own Place*  
Organizer : *Hidayah Islamic School*  
Co-organizer : *Unit Kokurikulum IKRAM Musleh, Unit KRS Musleh,  
Persatuan Memanah Negeri Johor (PMNJ), Jabatan Pelajaran Negeri Johor (JPNJ)  
Majlis Sukan Negeri Johor (MSNJ)  
Majlis Sukan Daerah Johor Bahru (MSD JB)*

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 : .....