

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 Challenge 1.20**

Date : **15-17 January 2021**

Venue : **At Your Own Place**

Organizer : **Hidawah Islamic School**

Co-organizer : **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 :