



CARE RESIGNATION FORM

The original document should be given to staff members on the first day of the SDK EUROPE.

PART 1. TO BE FILLED IN BY THE PARENT

I: ,
first and last name of the parent or legal guardian

a holder of ID document:
type of the document and it's serial number

I declare that I am A PARENT / A LEGAL GUARDIAN

of SDK EUROPE participant:
first and last name of the participant

and I accept that my child during the above-mentioned event, from 07/02/2024 to 07/07/2024, will be under care of:

SDK Guardian's first and last name

a holder of ID document:
type of the document and it's serial number

Date and Parent's signature

PART 2. TO BE FILLED IN BY AN ADULT GUARDIAN WHO TAKES THE RESPONSIBILITY

I:
first and last name of the guardian

a holder of ID document:
type of the document and it's serial number

I declare that at the request and with the consent of:
parent's first and last name

07/02/2024 – 07/07/2024 // BRNO



during SDK EUROPE 2024, from 07/02/2024 to 07/07/2024 , I take under my care and bear full responsibility for:

participant's first and last name

Date and Guardian's signature