



CARE RESIGNATION FORM

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

PART 1. TO BE FILLED IN BY THE PARENT

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

ID:
type of the document and number

I declare that I am **A PARENT** / **A LEGAL GUARDIAN**

of SDK EUROPE participant:
name and surname of the participant

and I accept that my child during the above-mentioned event, from 2. 7. 2026 to 5. 7. 2026 will be under care of:

SDK Guardian's name and surname

Date and Parent's signature:

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

I:
SDK Guardian's name and surname



ID:

type of the document and number

I declare that at the request and with the consent of:

name and surname of a parent/legal guardian

during SDK EUROPE 2026, od 2. 7. 2026 do 5. 7. 2026, I take under my care and bear full responsibility for:

name and surname of the participant

Date and Guardian's signature:

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