



Academic Basketball camp
"Professor Aleksandar Nikolić"



KOŠARKAŠKI
SAVEZ SRBIJE

PARENTAL (GUARDIAN) CONSENT

With this confirmation, as parent (guardian)

Name and surname _____
Date and year of birth _____
Adress _____
City _____
Mobile phone number _____
e-mail _____

I give my full consent to the arrival

Name and surname _____
Date and year of birth _____
City _____
ID or passport number _____

and participation in the camp organized by Academic Basketball camp "Professor Aleksandar Nikolić"
from _____ to _____ in _____.

- The participant does not have chronic diseases, allergies or any other currently active or associated diseases that could interfere with his stay at the camp, work, and training.
- All participants perform voluntarily, with the consent of parents (guardians) and at the parents' (guardians') own responsibility.
- The sports association "Professor Aleksandar Nikolić", as the organizer of the camp, has the right to use the collected data and visual material (photos and videos) for scientific, research and commercial purposes (for the promotion of the camp, contacting parents by the organizers, etc.) on its website page, Facebook page and other social networks, electronic media, and public advertisers.
- With his signature, the parent/guardian declares that he agrees with all the above.

In _____, date _____

Signature

Academic Basketball camp "Professor Aleksandar Nikolić"

Belgrade, Zvezdara, Učitelja Dragutina Prokića str. No. 6

TIN: 102761540 | Company Code: 17463730

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