

# YOUTH COMBAT PROGRAM FIGHTER AUTHORIZATION FORM

Legal name _____	Age _____
SCA name _____	Date of Birth ____/____/____ <span style="font-size: small;">MM/DD/YY</span>

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Event \_\_\_\_\_

Parent/Legal Guardian (Legal Name) \_\_\_\_\_

Parent/Legal Guardian (SCA Name) \_\_\_\_\_

Parent/Legal Guardian's SCA Group \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip-code \_\_\_\_\_

Phone Number (\_\_\_\_)-\_\_\_\_-\_\_\_\_ E-mail \_\_\_\_\_

### Authorization For

- \_\_\_ Wolf Division (ages 7 through 9 yrs)
- \_\_\_ Ram Division (ages 10 through 12 yrs)
- \_\_\_ Bear Division (ages 13 through 15 yrs)     \_\_\_ Great Weapons
- \_\_\_ Dragon Division (ages 16 through 17 yrs)     \_\_\_ Great Weapons

	GYCM observing	YCAM observing	Parent/Legal guardian
Signatures of	_____	_____	_____
Print Name:	_____	_____	
Group of	_____		

### COMMENTS