

YOUTH COMBAT PROGRAM FIGHTER AUTHORIZATION FORM

Legal name _____	Age _____
SCA name _____	Date of Birth ____/____/____ MM/DD/YY

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