To Konstantin Fedorenko Director International Child Centre «Artek»

	full name of the p	full name of the parent or legal representativ		
	Tel.:		idential addre	
	Email:			
•	APPLICATION			
I, full name of	the parent or legal representative			
Passport No issued on	by			
Passport No, issued on	date and issuing authorit	y		
for adoptive parents/legal repress	entatives, include details of adoption/custody docum	ient		
	residential address			
give my consent for my daughter/son				
	child's full name			
to participate in the following activities:			-	
Activitie	S	approve	do not approve	
Educational and training events at the Internation	nal Child Centre «Artek» within Artek's		- 1 1	
approved educational program Extracurricular physical fitness and sports activit	tios avents and compatitions that require			
extra physical exercise, including:	nes, events and competitions that require			
Clubs (boating, sailing, sports, touring, climbing	etc):			
Charte alube and training				
Horseback riding				
Team and individual competitions (football, ba	sketball volleyball tennis table tennis			
golf, miniature golf, water polo, laser tag, paintb	•			
Cyclic sports (track and field, running, rowing, ju				
Highly coordinated sports (aerobics, artistic a				
kayaking, surfing, wind surfing, artistic cyclin				
1 1 1				
Endurance sports (arm wrestling, power lifting, f	ritness, yoga, etc.)			
Martial arts (sambo, aikido, wrestling, judo, wus				
Multiathlons (orienteering, track and field multia	athlon, etc.)			
Air sports (parachuting, aeronautics, sky surfing)				
Extracurricular touristic and local history activ	vities requiring physical endurance and			
strength, including:				
Hiking, including camping (the Krinichka and	*			
hiking), extreme hiking (caves), trip to Ayu-Dag				
Touristic competitions (test routes), Turgrad				
Rock climbing and ropes course				
Swimming (in a pool or in the sea), seaside and I				
Motor boating, boating, pedalo riding (including Tours and visits to cultural and historical landma				
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Stay in an accommodation with bunkbeds, sleepi	ing on the upper bed			
My child has no conditions preventing him\he	er from participating in the above-stated	l activities	I give my	
consent to my daughter/son to:				
		, 20		
signature full name of the parent/le	egal representative date			