

PARENT / GUARDIAN / LEGAL REPRESENTATIVE CONSENT FORM

I, as the parent, guardian or legal representative of the footballer under the age of 18, holder of National ID number and named, hereby consent to the footballer's participation, under the conditions set out in this document, in the activities organized, arranged, attended or directed for the purpose of sporting development and evaluation by **ONUİK SPOR DANIřMANLIK DIř TİCARET LİMİTED řİRKETİ**, with tax number and located at the address

1. PARTICIPATION IN FOOTBALL AND SPORTING ACTIVITIES:

For the purpose of ensuring the footballer's sporting development, evaluating their performance, increasing their football experience and enabling their participation in sporting activities, I consent to the footballer's participation in **football training sessions and team activities, individual, technical, tactical and physical development work, trial matches, player trials and player evaluation activities, preparation matches, special competitions, special football tournaments, football camps, football organizations and other sporting events**, organized, arranged, attended, or directed towards attendance, by ONUİK SPOR DANIřMANLIK DIř TİCARET LİMİTED řİRKETİ.

In this context, I also consent to the footballer being observed and evaluated from a sporting perspective by coaches, technical staff, organization officials and officials of the relevant football clubs, for the purpose of determining and evaluating the footballer's sporting talent and performance.

2. INTRACITY AND INTERCITY TRAVEL:

I consent to the footballer travelling within and between cities for the purpose of participating in the sporting activities set out above; being transported by bus, minibus, shuttle, train, plane or other means of transportation appropriate to the nature of the organization; and travelling in the company of officials of **ONUİK SPOR DANIřMANLIK DIř TİCARET LİMİTED řİRKETİ** or of the coach, technical staff, organization official or other assigned persons designated by the company.

3. ACCOMMODATION, SUPERVISION AND ESCORT

If the sporting activities set out above are to take place in another city, or if the activity program requires accommodation, I consent to the footballer staying in a hotel, camp facility, sports facility or other suitable accommodation determined within the scope of the organization, under the supervision and escort of responsible persons designated by **ONUİK SPOR DANIřMANLIK DIř TİCARET LİMİTED řİRKETİ**.

I consent to the footballer being under the supervision and escort of the coach, technical staff, organization official or other authorized persons designated by ONUİK SPOR DANIřMANLIK DIř TİCARET LİMİTED řİRKETİ during the sporting activities and the related travel and accommodation periods. This consent does not constitute a transfer of custody or guardianship rights.

4. EMERGENCIES AND REFERRAL TO A HEALTHCARE INSTITUTION

If the footballer is injured, becomes unwell or requires emergency medical assistance during training, competitions, tournaments, camps, travel, accommodation or other sporting activities, the parent/guardian/legal representative shall in principle be contacted first.

However, if, due to the urgency of the situation, the parent/guardian/legal representative or the notified emergency contact person cannot be reached in time and delaying the intervention would pose a risk to the footballer's life or physical integrity, I consent to the **112 Emergency Health Services** being called, and to the footballer being taken by ambulance or other appropriate means required by the circumstances to the nearest or most appropriate healthcare institution and handed over to healthcare personnel.

5. RISKS ARISING FROM THE NATURE OF THE SPORTING ACTIVITY:

I declare that I am aware that football is a contact sport, and that there are risks of injury that may arise from running, jumping, falling, collisions, contact with the ball or other players, and similar sporting movements.

6. NOTIFICATION OF HEALTH STATUS:

I agree to accurately and promptly inform **ONUK SPOR DANIŞMANLIK DIŞ TİCARET LİMİTED ŞİRKETİ** of any existing health condition of the footballer that may affect their safe participation in sporting activities or that needs to be known in case of an emergency.

Known allergies:

Medications regularly used:

Other health information relevant to the sporting activity:

.....

☐ There is no known health condition that needs to be reported.

7. PERSON TO BE CONTACTED IN AN EMERGENCY

Full Name:

Relationship:

Phone:

PARENT / GUARDIAN / LEGAL REPRESENTATIVE

Full Name / National ID No:

Relationship/Status:

☐ Mother ☐ Father ☐ Guardian ☐ Other:

Address/Phone/E-mail:

Date and SIGNATURE: / /

(If any) OTHER PARENT / GUARDIAN / LEGAL REPRESENTATIVE

Full Name / National ID No:

Relationship/Status:

☐ Mother ☐ Father ☐ Guardian ☐ Other:

Address/Phone/E-mail:

Date and SIGNATURE: / /

COMPANY STAMP / SIGNATURE: