**Souhlas zákonného zástupce s krátkodobým vycestováním dítěte do zahraničí**  
Consent of a Legal Representative with a Short Stay of a Child Abroad

**Já, matka / otec *(zaškrtněte)***  
I, mother / father *(tick)*,

|  |  |  |  |
| --- | --- | --- | --- |
| **Jméno a příjmení**  Name and Surname | **Datum narození** Date of birth | **Adresa** Address | **Telefon a e-mail** Phone and e-mail |
|  |  |  |  |

**souhlasím, aby mé dítě**  
give a consent, that my child

|  |  |  |  |
| --- | --- | --- | --- |
| **Jméno a příjmení**  Name and Surname | **Datum narození** Date of birth | **Číslo OP/pasu** ID/Passport number | **Poznámky**  Comment |
|  |  |  |  |
|  |  |  |  |

**vycestovalo do zahraničí za těchto podmínek:**  
travels abroad under following conditions:

|  |  |
| --- | --- |
| **Doba pobytu v zahraničí**  Period of stay abroad | |
| **Od October 11, 2024**  From | **Do October 13, 2024**  Till |

|  |
| --- |
| **Místo pobytu v zahraničí**  Place of stay abroad |
| Frankfurt am Main, Scheider Cup |

|  |  |
| --- | --- |
| **Účel cesty do zahraničí *(zaškrtněte)*** Purpose of the journey abroad *(tick)* | |
|  | **Dovolená** Holiday |
|  | **Návštěva rodiny** Family visit |
| **X** | **Jiné** Participation in lacrosse tournament Scheider Cup, Frankfurt Other |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Doprovod dítěte** Person accompanying the child | | | | |
| **Vztah k dítěti *(zaškrtněte)*** Relationship to child *(tick)* | | **Jméno a příjmení**  Name and Surname | **Datum narození** Date of birth | **Telefon a e-mail** Phone and e-mail |
|  | **~~Matka~~** ~~Mother~~ | Hedvika Kučerová  coach | July 31, 2002 | +420 733 474 563 |
|  | **~~Otec~~** ~~Father~~ |
|  | **Jiné** Other |
|  | **~~Matka~~** ~~Mother~~ | Patrik Procházka  coach | Nov 10, 1968 | +420 602 344 362 |
|  | **~~Otec~~** ~~Father~~ |
|  | **Jiné** Other |
|  | **~~Matka~~** ~~Mother~~ | Matouš Tilšer  coach | Aug 3, 2001 | +420 728 525 652 |
|  | **~~Otec~~** ~~Father~~ |
|  | **Jiné** Other |

|  |  |
| --- | --- |
| **V** Signed in | **Dne** Date |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**podpis osoby, která uděluje souhlas**  
signiture of the person giving consents

ne