

**YOUTH COMBAT PROGRAM
YOUTH SPARRING PARTNER AUTHORIZATION**

SCA Name: _____

Mundane Name: _____

Address: _____

City: _____ **State:** _____ **Zip-code:** _____

Phone Number: (____) - ____ - _____ **E-mail:** _____

SCA Group: _____

SCA Member Number: _____ **Expiration Date:** _____

Years of SCA Heavy Combat: _____ **Rapier Combat:** _____

Heavy Authorization Expiration Date: _____ **Rapier Auth Exp:** _____

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**Activity Observed: (circle one) Event / Practice / Demo**      **Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**COMMENTS**

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

By signing this application, I certify that I have read the Society and Kingdom Youth Combat Handbooks, and understand the rules regarding youth combat. I verify my desire to participate in Youth Combat as an Adult Sparring Partner. In addition, I affirm my commitment to the safety of all youth in the program and attest that I will not participate in any Youth Combat activities unless a Warranted Youth Combat Marshal is present. Finally, I accept responsibility for gaining the permission of the appropriate responsible parent or adult before engaging in Youth Combat Sparring with each Youth Combatant.

**Signature of Approving Kingdom Youth Marshal:** \_\_\_\_\_

**Fighter Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_