

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

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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 Authorizing Youth Marshal: \_\_\_\_\_

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