BEAST MO TRAINING

PARENTAL / GUARDIAN CONSENT FORM

Striking & Kickboxing · Functional Fitness · Longevity Training · Self-Defence

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> This form must be completed and signed by the parent or legal guardian of a client aged 12–17 — not by the client. It is required before the young person's first session, in addition to the Training Agreement and Health Screening Form.

1. Young person (client) details

Client full name			
Date of birth		**Age**	

2. Parent / legal guardian details

Parent / guardian full name			
Relationship		**Phone**	
Email			

3. Consent to participate

I confirm and consent to the following:

1. I am the parent or legal guardian of the above-named young person and have authority to sign on their behalf.
2. I consent to them taking part in striking and fitness coaching with Beast Mo Training, delivered personally by Mehrdad (Mo) Osanlouy.
3. I have read the Risk Warning in the Training Agreement and Terms and Conditions, I understand the inherent risks of striking and combat-sports training, and I accept those risks on the young person's behalf. I agree that the assumption of risk and waiver in those documents apply to their participation.
4. I confirm a Health Screening Form has been completed for the young person and that I have disclosed all relevant health information, and I will notify Mo of any change to their health.

4. Supervision and safety

5. I will be contactable by phone throughout every session.
6. For a client under 16, I understand a parent or guardian must be physically present on-site for the full session.
7. I acknowledge that Mo holds a current **NSW Working With Children Check (WWCC verified)**, that sessions are conducted in observable spaces, and that physical contact is limited to what is ordinary and necessary for striking instruction.

5. Persons authorised to collect the young person

Only the following people may collect the young person from a session (if applicable):

_____

_____

6. Emergency medical authorisation

☐ If the young person needs urgent medical attention and I cannot be contacted in time, I authorise Mo to call emergency services and to consent to any emergency medical treatment reasonably considered necessary by a qualified medical professional. I understand I am responsible for any resulting medical costs.

7. Privacy and media

☐ I consent to Beast Mo Training collecting and using the young person's personal and health information to coach them safely, as described in the Privacy Statement. I understand their full name and location will never be published without my additional explicit consent, and that any photography or filming requires a separately signed Media Consent Form.

8. Withdrawal of consent

I understand I may withdraw this consent at any time by written notice to mosan.mma@gmail.com. Withdrawal takes effect once received and does not affect anything already done in reliance on it.

9. Signature

Parent / legal guardian signature	

Full name (printed)	**Date (DD / MM / YYYY)**