The Society for Creative Anachronism, Inc. Kingdom of Atlantia

MINOR AUTHORIZATION FORM

Copies of this form should be retained by the Parent/Guardian and
Marshal responsible for the Minor Combatant's training.

MINOR COMBATANT

PRINT! Legal Name:		
PRINT! SCA Name:		
PRINT! Street:		
PRINT! City:	State:	Zip:
PRINT! Phone Number:	E-mail:	
PRINT! Home Group:	Birth Date	(mm/dd/yyyy)
PRINT! Name of Parent/Legal Guardian:		
PRINT! Name of Marshal Responsible for M	inor's Training:	
FIRST PRA	ACTICE OBSERVED	
Date of Observation Practice:	Discipline Observed:	
Signature of Parent/Legal Guardian Permitting	g Practice:	
Signature of Marshal at Observing Practice:		
FIRST E	VENT OBSERVED	
Date of Observing Event: Nam	ne of Observing Event:	
Signature of Parent/Legal Guardian Attending	With Minor:	
Signature of Marshal at Event Where Combat	Observed:	
Authorizing Minor - I have read and understa	and the Rules Of The List of	the Kingdom of Atlantia
(Print and Sign):		
AUT	HORIZATION	
Event Date: Name of	Event:	
Discipline/Weapons Form Authorized:		
Parent/Legal Guardian (Print and Sign):		
Kingdom Earl Marshal or Designated Deputy	(Print and Sign):	
Event Marshal-in-Charge (Print and Sign):_		
Witnessing Marshal (Print and Sign)		

This completed form should be accompanied by a completed Minor Waiver, Verification of Authorization and Temporary Card with "MINOR COMBATANT" written boldly on each.