

## Disclaimer

Date 19/03/2026

Full name of the parent/guardian/legal representative Karly Kaplan

Date of birth (dd/mm/year): 01/08/1972

NIF: 326275703

Email: elijah@litvak.org

Phone number: +14157137050

Gender: Female

personally and/or in my capacity of a parent/guardian of:

Personal name, surname and family name of the child under 16 years of age:

Elijah

Birthdate of the child - dd/mm/year: 03/07/2008 Gender: Male

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year: Gender:

Personal name, surname and family name of the child under 16 years of age:

Birthdate of the child - dd/mm/year: Gender:

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Birthdate of the child - dd/mm/year: Gender:

With my signature, I confirm that I agree with:

- [Terms and conditions](#)

- [Privacy Policy](#)

- Not to be the bearer of any contraindications for the practice of physical activities, in accordance with paragraph 2 of article 40, of the [Basic Law on Physical Activity and Sport](#), approved by Decree-Law No. 5/2007, of 16 January.

Parent/legal representative Signature



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