



# SOCIETY FOR CREATIVE ANACHRONISM INC.

## Kingdom of Lochac

### COMBAT AUTHORISATION FORM –

### MINOR PARTICIPANT (New Zealand only)

**DO NOT REDUCE THIS FORM - Please print clearly**



The applicant's Legal Guardian must complete this section.

SCA Name of Candidate:

Legal Name:

Address:

Phone:

E-mail:

D.O.B.

Group:

Membership No:

Membership Expiry:

#### MINOR PARTICIPANT PERMISSION TO PARTICIPATE

I, \_\_\_\_\_ (Print Full Legal Name of Legal Guardian)

of \_\_\_\_\_ (Address) being the parent/legal

guardian of \_\_\_\_\_ (Print Full Legal Name of Minor) being a minor of the age of \_\_\_\_\_ years being a participant of the Society for Creative Anachronism ("the Society"), give permission for my ward to participate in the combat related activities of the Society.

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Note: When in Australia, NZ residents must sign an indemnity.

The Authorising Marshal must complete this section.

New Authorisation

Upgrade of Authorisation

Renewal of Authorisation

Applicant has been authorised for:

Full Contact Authorisations	Rapier Authorisations	Non Contact Authorisations	Card Fee Received
Heavy Combatant [ ]	Single Rapier [ ]	Light Combatant [ ]	Member \$2 [ ]
Missile Combatant [ ]	Offhand Offensive [ ]	Non-Contact Participant [ ]	Non Member \$3 [ ]
Heavy Archer [ ]	Offhand Defensive [ ]	<b>Marshal Authorisations</b>	
Fibreglass Spear [ ]	Rapier Melee [ ]	Minors may not be Marshals in the Kingdom of Lochac	
	Rubber band gun [ ]		

1<sup>st</sup> Marshal's Name:

2<sup>nd</sup> Marshal's Name:

1<sup>st</sup> Marshal's SCA Name:

2<sup>nd</sup> Marshal's SCA Name:

Group:

Membership No:

Membership Exp:

Group:

Membership No:

Membership Exp:

I authorise the applicant to participate in the activities shown above. I am a current rostered marshal (within the Kingdom of Lochac) with the authority to so authorise applicants. I have received permission from the Lochac Earl Marshal or Lochac Kingdom Rapier Marshal as appropriate to authorise this minor.

Marshals' Signatures: 1.

2.

Date:

The officer ISSUING the card must complete this section.

Paperwork only valid for three (3) months from this date

Date this form received:

Who received the form:

Date card issued:

Who issued the card: