**AUTORIZAÇÃO PARA UTILIZAR ACADEMIA**

Eu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, identidade nº\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

órgão expedidor\_\_\_\_\_\_\_\_\_\_\_\_\_, CPF nº\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residente

na\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, nº\_\_\_\_\_\_,

compl.\_\_\_\_\_\_\_\_\_\_\_\_, bairro\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, cidade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

telefones\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **AUTORIZO** meu

(minha) filho (a)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

data de nascimento\_\_\_\_/\_\_\_\_/\_\_\_\_\_, identidade nº\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

órgão expedidor\_\_\_\_\_\_\_\_\_\_\_\_ a frequentar a Academia Smart Fit Criciúma.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_ de\_\_\_\_\_\_\_\_\_\_\_\_ de 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(assinatura responsável legal)