

Youth Combat Authorization
Adult Sparring Marshal Application

SCA Name: _____

Mundane Name: _____

Address: _____

Telephone: _____ Best time to contact: _____

E-mail Address: _____

SCA Group: _____

Current Age: _____ Years of SCA Heavy Weapons Combat: _____

By signing this application I verify my desire to participate in Youth Combat as an Adult Sparring Marshal. In addition, I affirm my commitment to the safety of all youth in the program and attest that I will not participate in any Youth Combat activities unless a warranted Youth Combat Marshal (with a Red Authorization Card) is present. Finally I accept responsibility for gaining the permission of the appropriate responsible parent or adult before engaging in Youth Combat sparring with each Youth Combatant.

Signature: _____

Heavy Weapons Authorization: YES NO if yes, expiration date: _____
Attach copy of authorization card if possible

Authorized YCAM or GYCM? YES NO if yes attach copy of card

GYCM or YCAM recommendation:

YCAM/GYCM Signature

Date Approved: _____

Date Rejected: _____

DEM YC or DEM YCA