

Parental Consent Form

Child's Name: _____

Date of Birth: _____

Parent/Legal Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

I, the undersigned, am the parent/legal guardian of the above-named child and hereby grant permission for him/her to participate in _____
organized by _____ on the following dates: _____

I acknowledge and understand that my child's participation in this activity/program/event is voluntary and that there are certain risks associated with it. I agree to assume these risks and release _____ and its officers, employees, and agents from any and all liability, claims, or damages arising from my child's participation.

I further authorize _____ to obtain medical treatment for my child in the event of an emergency. I understand that every effort will be made to contact me or the emergency contact listed below in the event of an emergency.

Emergency Contact Name: _____ Phone Number: _____

I have read and understood the contents of this parental consent form and agree to its terms.

Parent/Legal Guardian Signature: _____

Date: _____

Medical Practitioner's Signature: _____

Date: _____

Thank you for choosing to participate in _____.