

# 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 \_\_\_\_\_.