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		