

Event Participation Parental Consent Form

Event Information

Event Name

Event Date

Event Location

Participant Information

Participant Full Name

Age

Address

Parent/Guardian Information

Parent/Guardian Full Name

Contact Number

Email

Emergency Contact

Emergency Contact Name

Relationship to Participant

Phone Number

Medical Information

List any medical conditions, allergies, or medications we should be aware of

Consent

I hereby give permission for my child to participate in the above event. I acknowledge that I have read and agree to any guidelines set by the organizers.

Parent/Guardian Signature

Date