

Child Participant Registration and Consent Form

Participant Information

Child's Full Name

Date of Birth

Gender

School Name

Home Address

Parent/Guardian Information

Parent/Guardian Name

Relationship to Child

Primary Phone

Email Address

Emergency Contact

Name

Phone Number

Relationship

Medical Information

Does your child have any medical conditions, allergies, or special needs?

List any medications your child is currently taking

Permissions & Consents

- ☐ I give permission for my child's photograph/video to be used for nonprofit purposes.
- ☐ In case of emergency, I authorize the organization to seek medical care for my child.
- ☐ I give permission for my child to participate in all program activities.

Signature

Parent/Guardian Signature

Date