

Youth Activity Participation Permission Slip

Participant Information

Name of Participant

Age

Address

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email

Activity Information

Activity Name

Date

Location

Medical Information

Medical Conditions (if any)

Allergies (if any)

Emergency Contact Name & Phone

Permission & Agreement

I, the undersigned parent/guardian, give permission for my child to participate in the activity listed above and release the organizers from liability.

Parent/Guardian Signature

Date