

Child Participant Consent and Registration

Participant Information

Child's Full Name

Date of Birth

Gender

Home Address

Parent/Guardian Name

Parent/Guardian Email

Parent/Guardian Phone

Consent Agreement

I, the undersigned parent or legal guardian, give consent for my child to participate in the program/activity. I confirm that I have read and understood the information provided about the program/activity.

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I agree to the terms and conditions above.

Emergency Contact (if different from above)

Emergency Contact Name

Emergency Contact Phone

Relevant Medical Information / Allergies

Parent/Guardian Signature

Date

Child's Signature (if appropriate)

Date