

Sports Activity Guardianship Consent Form

Participant Details

Full Name

Date of Birth

Gender

Guardian Details

Guardian Name

Relationship to Participant

Phone Number

Email Address

Emergency Contact

Contact Name

Relationship

Phone Number

Medical Information

Relevant Medical Conditions or Allergies

Current Medications

Family Doctor (Name & Phone)

Consent & Agreement

Activity Name

I, the undersigned guardian, give permission for the above-named participant to take part in the specified sports activity and agree to the terms and conditions. I confirm all information provided is accurate to the best of my knowledge.

Guardian Signature

Date