

# Youth Art Project Consent and Sign-Up Form

Participant Full Name

Date of Birth

Age

Parent/Guardian Email

Parent/Guardian Phone Number

Home Address

## Consent

☐ I give permission for my child to participate in the Youth Art Project.

☐ I consent to photos and/or art works of my child being used in promotional materials.

Medical or Allergy Information

Emergency Contact Name & Number

Parent/Guardian Signature

Date