

# Student-Athlete Cross-State Tournament Consent Form

## Student Information

Full Name	
Date of Birth	
School Name	
Grade	
Sport	

## Parent/Guardian Information

Parent/Guardian Name	
Relationship to Student	
Contact Number	
Email Address	

## Tournament Details

Event Name	
Date(s)	
Location/State	

## Consent & Acknowledgment

I, the undersigned parent/guardian, give consent for the above-named student to participate in the cross-state tournament listed above. I acknowledge that I have read and understood all information provided regarding this event. I understand the risks involved in travel and participation and affirm that my child is medically fit for such activity.

I hereby release and hold harmless the school, its employees, coaches, and affiliates from any liability in connection with participation in this event.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_