

# Youth Dance Competition Parental Authorization

## Participant Information

Full Name

Age

Address

## Parent/Guardian Information

Full Name

Phone Number

Email

## Medical Information

Relevant Medical Conditions or Allergies

Emergency Contact (if different)

## Authorization

I, the undersigned parent/guardian, authorize my child to participate in the Youth Dance Competition. I acknowledge that I have read and understood the terms and conditions of participation, and that all information provided is accurate.

Parent/Guardian Signature

Date