Parental Consent Form

Summer Sports Camp

Participant's Full Name
Participant's Date of Birth
Taranpart 3 Bate of Biran
Parent/Guardian Full Name
Dulathan di Barthitand
Relationship to Participant
Address
Address
City
State/Province
Zip/Postal Code
Parent/Guardian Contact Number
Emergency Contact Name
Emergency Contact Number

Allergies or Medical Conditions

Medications (if any)			
Consent and Agreement			
Parent/Guardian Signature			
Date			