

Parental Consent Form for Traveling Gymnastics Competition

Participant Information

Gymnast's Full Name

Date of Birth

Age

Parent/Guardian Information

Parent/Guardian Name

Relationship to Participant

Phone Number

Email

Address

Competition Details

Name of Competition

Location

Date(s)

Medical Information

Allergies or Medical Conditions

Emergency Contact Name

Emergency Contact Phone

Consent and Authorization

I, the undersigned parent/legal guardian of the above-named participant, give permission for my child to attend and participate in the above-listed traveling gymnastics competition. I authorize appropriate supervision and medical care as needed in the event of an emergency.

Parent/Guardian Signature

Date