

Sports Tournament Parental Authorization

Participant Information

Child's Full Name

Date of Birth

School/Team

Sport/Event

Parent/Guardian Information

Parent/Guardian Full Name

Relationship to Child

Contact Number

Email Address

Medical Information

Allergies or Medical Conditions

Emergency Contact Name

Emergency Contact Number

Authorization & Consent

I, the undersigned, authorize my child to participate in the sports tournament and consent to medical treatment if necessary.

Parent/Guardian Signature

Date