

Adaptive Sports Parental Consent Form

For Children with Disabilities

Child's Name

Date of Birth

Parent/Guardian Name

Relationship to Child

Address

Phone Number

Email

Disability/Medical Condition

Relevant Medical Information

Emergency Contact Name

Emergency Contact Phone

Sports/Activities to Participate In

Consent Declaration

I consent to my child's participation in adaptive sports activities and acknowledge that I have provided all relevant medical and emergency information.

I confirm my consent as above

Parent/Guardian Signature

Date