## FORM AND PARENTAL PERMISSION FORM

### Cost:

### TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Event Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###

### Place:

We will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  This is the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  We will be spending our time \_\_\_\_\_\_\_\_\_\_\_\_\_\_.  We are leaving by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

### Participant Name: Birth date: \_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my child to attend the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_**

**Signature of Parent or Legal Guardian Printed name of Parent or Guardian Date**

### Activity Release

I further give permission for my child to participate in all supervised activities except as noted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_**

**Signature of Parent or Legal Guardian Printed name of Parent or Guardian Date**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -------------------------------------------- \_\_\_\_\_\_**

**Signature of Parent or Legal Guardian Printed name of Parent or Guardian Date**

### EMERGENCY CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Guardian** |  | Phone Numbers | Phone Type (Home, Mobile, etc.) |
|   |  |   |   |
| Name(s) |  |   |   |
|   |  |   |   |
| Street Address |  |   |   |
|   |   |   |  |   |   |
| City | State | Zip |  | Phone Numbers | Phone Type (Home, Mobile, etc.) |
| **Other Emergency Contact** |  |  |
|  |  |  |   |   |
|   |   |  |   |   |
| Name(s) | Relationship to Participant |  |  |  |

## HEALTH CARE INFORMATION

### Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Physician** |  | **Dentist** |
|   |  |   |
| Name |  | Name |
|   |  |   |
| Phone |  | Phone |
|   |  |   |
| Medical Insurance Company |  | Dental Insurance Company |
|   |  |   |
| Policy/Group Number |  | Policy/Group Number |
|   |  |   |
| Name of Policy Holder |  | Name of Policy Holder |