### Participant Name:

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my child (named above) to attend the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The activities that will be taught will be used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

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

### EMERGENCY CONTACT INFORMATION

|  |  |  |
| --- | --- | --- |
| Parent(s)/Guardian(s) | Phone Numbers | hone Type (Home, Mobile, etc.) |
|  |  |  |
| Name(s) |  |  |
|  |  |  |
| Street Address |  |  |
|  |  |  |  |  |
| City | State | Zip |  |  |
|  |  |  |  |  |
| Parent(s)/Guardian(s) Email address(es) |  |  |
|  |  |  |  |  |
| Best Email address(es) to reach Parent(s)/ Guardian(s) |  |  |