## PERMISSION FORM

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

I grant permission to my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (son/daughter) to attend the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand this will enhance the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of my son/daughter.

The goal of this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the talents and skills of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This club is completely optional and will not affect my child’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ class in any way.

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

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

### EMERGENCY CONTACT INFORMATION

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

Information provided on this form will be kept strictly confidential.