



## PERMISSION TO PARTICIPATE AND PARENTAL CONSENT FORM

Please Print Legibly

### Participant Information

Full Name of Child/Participant: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Health Issues/Activity Restrictions

Medication: \_\_\_\_\_

### Parent Information

Name of Parent(s) /Legal Guardian: \_\_\_\_\_

Address (if other than Participant): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact Information

Name of Emergency Contact: \_\_\_\_\_

Address (if other than Participant): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Address (if other than Participant): \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Email: \_\_\_\_\_