

# Minor Child Activity Participation Consent Form

Please read this form carefully and provide all requested information. This form must be completed, signed, and printed prior to the minor child's participation in the activity.

## 1. Minor Child Information

Child's Full Name:

Date of Birth:

Age:

## 2. Parent / Legal Guardian Information

Parent/Guardian Full Name:

Relationship to Child:

Primary Phone Number:

Email Address:

Street Address:

## 3. Activity Information

Name of Activity/Event:

Date(s) of Activity:

Location/Venue:

## 4. Emergency Contact Details (If parent/guardian cannot be reached)

Emergency Contact Name:

Relationship to Child:

Emergency Phone Number:

## 5. Medical Information

Known Medical Conditions / Allergies:

Health Insurance Provider:

Policy Number:

## 6. Consent, Liability Release, and Authorization

I, the undersigned, being the parent or legal guardian of the minor child named above, hereby grant permission for my child to participate in the designated activity. I understand that participation may involve risks, and I agree to assume all risks associated with my child's participation.

In the event of an emergency, medical issue, or injury, I hereby authorize the activity coordinators, staff, or medical professionals to obtain and administer any necessary medical treatment to my child. I agree to be financially responsible for any medical expenses incurred.

By signing below, I acknowledge that I have read, understood, and voluntarily agree to all terms and conditions of this consent form.

Parent/Legal Guardian Signature (Sign after printing):

Date: