



PARENTAL CONSENT FORM

Please ask your parent/guardian to complete, sign and date this form.

Please bring it with you to the event or you will not be able to take part. **Thank you!**

Child's name:	
Age:	
Address:	
Emergency Contact 1 Name: Phone Number :	
Emergency Phone Number 2: Name: Phone Number:	
Parents/guardians please sign and date to show you give consent for the child named above to take part:	
Signed:	Dated:
Please print name:	