## 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.