



EMERGENCY CONTACT AND PARENTAL CONSENT

THIS FORM MUST BE SUBMITTED IN ORDER FOR THE CHILD TO PARTICIPATE.

Child's Name: _____ Birth Date: _____

Mother / Legal Guardian's Name: _____ Home Number: _____

Address: _____ Cell Number: _____

Father / Legal Guardian's Name: _____ Home Number: _____

Address: _____ Cell Number: _____

Emergency Contact Person: _____ Contact Number: _____

Emergency Contact Person: _____ Contact Number: _____

Physician / Medical Care Source: _____ Contact Number: _____

Persons authorized to pick up child:

Name: _____ Name: _____

Name: _____ Name: _____

SIGNATURE OF PARENT OR GUARDIAN

DATE