



Emergency Contact and Parental Consent Form

~ This form must be submitted for your child to participate ~

Student's Name: _____ Age: _____

Student's Address: _____

Student's Birthday: _____ Grade Level: _____

Student's Interest: _____

Mother's Name: _____

Address: _____

Mother's Phone: _____ Primary Contact : YES or NO

Mother's Email: _____ Approved Pick-up: YES or NO

Father's Name: _____

Address: _____

Father's Phone: _____ Primary Contact : YES or NO

Father's Email: _____ Approved Pick-up: YES or NO

Authorized Pick-up: * Mother YES or NO * Father YES or No * Other YES or NO

Name: _____ Phone: _____

Name: _____ Phone: _____

Pictures of my student can be posted on Social Media and Website for MAL Promotion. YES or NO

Parent Signature: _____ Date: _____