



Consent for Program Participation Form

Program Name: _____

Date: _____

Location: _____

Participant Information:

Child's Name: _____ Age: _____

Parent / Guardian's Name(s): _____

Email Address: _____

Guardian while Child is in Program: _____ Relationship to child: _____

Phone: _____ Alternate number: _____

Allergies/Health Concerns: _____

Terms and Conditions – Terms 1 and 2 must be agreed to in order for your child to participate in the program.

- 1) The parent(s) or guardian(s) of the registrant agree that the program leaders will not be held liable for any accident or loss however caused and agree to release the same from all claims or damages which may arise as a result of or by any reason of such accidents or loss.
- 2) The parent(s) or guardian(s) agree to grant permission for any emergency medical services to be performed in the event that such are needed.
- 3) The parent(s) or guardian(s) agree to grant permission for any photos or videos taken during the sessions be used in advertisements for the program.

Please sign below if all information for your child above is correct. By signing, you agree to the terms and conditions that you have checked on the list above.

Signature

Date