

Parent/Guardian Participation Agreement

Program/Activity Information	
Name	
Dates(s)	
Location	
Program/Activity Description	

Participant Responsibilities

Emergency Contact	
First & Last Name:	Cell Phone Number:
Work Phone Number:	Email:
Address:	Relationship to Youth:

I give permission for my child to participate in the program/activity.

Printed Parent or Guardian Name: _____

Signature of Parent or Guardian: _____

Date: _____