

DIVISION OF ADMINISTRATION & FINANCE

RISK MANAGEMENT WH-B 470C

PHONE: (310) 243-3867 FAX: (310) 243-3869

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:		