

Parental Release and Consent Form



Minor's Inforr	nation						
Name (please	Email:				Birthdate:		
Street Addres	s:		Day Phone: ()			
City:	State:	Zip:	Cell Phone: ()			/ /
			Text:	Υ	'es	No	
Parent/Guard	lian Information						
Name (please	print):	Email:				Birthdate:	
Street Addres	s:		Day Phone: ()			
City:	State:	Zip:	Cell Phone: ()			/ /
			Text:	١	'es	No	
Emergency Co	ontact Information						
Name (please	Email:						
Relationship to minor:			Day Phone: ()			
			Cell Phone: ()			
			Text:	Υ	'es	No	
participate as a practice and plat capable of participate or restrict prevent or restrict prevent or restrict prevent additional Area Park & Recand against all libodily injury, pe	team member in the y of this activity and cipating in the design ict full participation ict full participation ict full participation ict full cipation District, its or ability, claims, and dersonal injury, sickness	activity listed below. I I am willing to assume lated activity and that In the activity. consent for my child's p fficers, employees, age emands, on account of	above, I hereby give my for understand that there a these risks on behalf of my child is healthy and hearticipation, I do hereby ents, insurers, coaches, so finjury, loss or damage, in perty loss or damage, or a ty listed below.	re certa my chilc las no pl waive, ponsors includin	in risks I. I here hysical release , super g witho	of injury inher by certify that or mental disc e and hold har visors, and report limitation of	erent in the at my child is fully abilities that would armless the Eaton presentatives from claims arising from
Activity:		League:					
Signature:					Da	te:	