



Parent/Guardian Participation Agreement

Program Information

Name _____

Date(s) _____

Location(s)

Program 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.

Printed Parent or Guardian Name _____

Signature of Parent or Guardian _____ Date _____