

# PARENT/GUARDIAN CONSENT FORM

Child's Name (Last)	(First)	(Middle)	
Address	City	State	Zip Code
Name of Facility (Camp/Church/School)			
Address	City	State	Zip Code
Dates of Attendance			

As the parent or legal guardian of my child, \_\_\_\_\_, I hereby consent for my child to attend and participate in all activities provided as described above.

Print Name	
Signature	Date

## Additional Information:

Exclude from following activities:
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