

## CHILD AUTHORIZATION

To: \_\_\_\_\_

This is to confirm that my child, \_\_\_\_\_, is authorized to participate in:  
\_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_  
under the following conditions:

If these conditions will not be met, my child may not participate.

During participation, I can be reached at:

Cell phone: \_\_\_\_\_

Beeper: \_\_\_\_\_

Other phone: \_\_\_\_\_

Other phone: \_\_\_\_\_

If I cannot be reached in any of these ways, I authorize \_\_\_\_\_ to consent  
to any emergency medical care that may be necessary.

\_\_\_\_\_  
Parent

Accepted by:

\_\_\_\_\_