

**NOTICE TO PARENTS AND GUARDIANS,
ACKNOWLEDGEMENT OF RISKS, MEDICAL INFORMATION AND CONSENT FORM**
THIS FORM MUST BE COMPLETED BY THE PARENT OR GUARDIAN OF A PARTICIPANT WHO IS UNDER
THE AGE OF MAJORITY

ACTIVITY OR PROGRAM

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MINOR PARTICIPANT

Name	First Name	Last Name
Date of Birth	D/M/Y	Age
Mobile No.		Email:

PARENT/GUARDIAN OF MINOR

Name	First Name	Last Name
Address	Street	
	City	Prov/State
	Country	Code
Email		
Telephone	Home	Office
		Mobile

ALTERNATIVE EMERGENCY CONTACT

Name		Relationship to minor
Telephone	Home	Office
		Mobile
Email		

MINOR'S MEDICAL INFORMATION (CONFIDENTIAL)

ALLERGIES			
MEDICATIONS			
MEDICAL CONDITIONS			
FAMILY DOCTOR	Name	Phone	
MEDICAL INSURANCE	Number	Carrier	
OTHER IMPORTANT MEDICAL INFORMATION			

1. I am aware that the activity or program the minor will be participating in may involve risks, dangers and hazards which could result in injury or death. I acknowledge that it is the parent/guardian's responsibility to review the program materials, communicate with the program organizers, and inform themselves of the risks, dangers and hazards the minor may be exposed to.
2. In the case of an incident involving injury, first aid will be provided. Depending on the location of the activity or program, a higher level of medical care may not be immediately available.

Signature of Parent/Guardian	Date
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