

**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
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
	Number	Carrier
OTHER IMPORTANT MEDICAL INFORMATION		

- 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.
- 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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