

PARENTAL PERMISSION FORM

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Any Food allergies?: \_\_\_\_\_  
Anything else I should know about your child?

\_\_\_\_\_

We will be starting a group text for class updates and information. What cell phone number can we use to best text you? \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Parent(s)/Guardian(s)**

_____	_____
Name(s)	Parent(s)/Guardian(s) Cell Phone Number
_____	_____
Parent(s)/Guardian(s) Email address	Parent(s)/Guardian(s) Secondary Phone Number
_____	_____

Photo/Audio/Visual Release

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\_\_\_\_\_  
Signature Date