

--- Permission Slip ---

Youth Participant Name: _____

Age: _____ **Date of Birth:** _____

Parent/Guardian Name: _____

Phone: _____ **Email:** _____

Consent: I give permission for my child to participate in NWA Youth Council activities including meetings, events, programs, photographs/videos or other graphic media that may be used in public formats or platforms.

Assumption of Risk: I understand participation may involve risks and assume responsibility.

To your knowledge are there any medical issues/limitations or known food allergies? If so please list _____

Medical Authorization: I authorize emergency medical treatment if I cannot be reached.

Emergency Contact: _____ **Phone:** _____

Media Release: Yes No

Parent/Guardian Signature: _____ **Date:** _____

Youth Signature: _____ **Date:** _____