

KADA CITY INTERSCHOOLS COMPETITION 2021

So, You Think Your Child Can Spell?

PARENT CONSENT'S FORM

Anything written on this form will be held in confidence. Our coaches need to know these details in order to meet the specific needs of your child. I give permission for my child to participate and be trained in the competition.

BIO-DATA

Please, Print Legibly

Full Name of Participant: _____

(Surname) (Middle Name) (First Name)

Date of Birth: ____/____/____ / Gender: _____ Age: _____

Home Address: _____

Area: _____ City: _____ State: _____

Class: _____ School: _____

Home Phone: _____ Alternate Phone: _____

Health Issues/ Allergies/ Activity Restrictions/Medications: _____

Required Emergency Medical Information

Health Insurance () Yes () No. Company: _____

Policy #: _____ Primary Insured: _____

Family Physician: _____ Office Phone #: _____

Parent Information

Name of Parent(s) /Legal Guardian: _____

Address (if other than Participant): _____

Area: _____ City: _____ State: _____

Class: _____ School: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____

PARENT'S CONSENT

I (full name of parent): _____

of (address): _____

give permission for (full name of child): _____

to Participate in (name above): _____

Signature

_____/_____/_____
Date