## SOUTHERN CALIFORNIA KENDO FEDERATION PARENTAL PERMISSION FORM

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| Participant Name: |  | Birth date: |  |
| Street Address: |  | Participant’s  Phone No.: |  |
| City, State & Zip: |  | Email or Text Number: |  |

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|  |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent or guardian of the above-named participant (“my child”), give permission for my child to attend the **AUSKF Junior Open Tournament in Detroit, Michigan** with the **Southern California Kendo Federation**.  I understand that personal injury can and may occur to my child, and I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or another appointed by the Southern California Kendo Federation, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.  I hereby release the **Southern California Kendo Federation**, its agents, volunteers, and representatives, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child while participating in or traveling to and from this event. |
| I further give permission for my child to be transported by hired and/or volunteer drivers authorized by the **Southern California Kendo Federation**, its agents, adult volunteers, and representatives, while participating in and traveling to and from this event.  I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of **Southern California Kendo Federation**, properties visited on outing, other’s personal property, or vehicles used for transportation.  I have read all of the above statements and understand their contents, and I agree and consent to all of the above. |

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| **Signature of Parent or Guardian** |  | **Printed name of Parent or Guardian** |  | **Date** |

**EMERGENCY CONTACT INFORMATION**

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

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|  | | |  |  |
| Name(s) | | |  | Parent(s)/Guardian(s) Primary Phone Number |
|  | | |  |  |
| Street Address | | |  | Parent(s)/Guardian(s) Secondary Phone Number |
|  |  |  |  |  |
| City | State | Zip |  | Parent(s)/Guardian(s) Email address |
|  | | | | |

**Other Emergency Contact(s)**

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|  |  |  |  |
| Name (1): | Relationship to Participant: |  | Name (1) Phone |
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