

**Pregnancy Resource Center of Delta County
PERMISSION TO PARTICIPATE AND PARENTAL CONSENT FORM**

Please print legibly:

Participant Information

Full name of Child (first, middle, last) _____

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

Home Address: _____

City: _____ St: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Any known health issues that might cause an issue on the ride? _____

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 different than Participant) _____

City: _____ St: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

NOTES:

SIGNATURE OF PARENT/ GUARDIAN: _____

DATE: _____ PRINT: _____

