



MARCH 7, 2012 – DES MOINES

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**Participant/Guardian Permission Slip**

*To be completed by parent(s)/legal guardians of all participants under 18 years*

**Participant Name:** \_\_\_\_\_ **Grade in School:** \_\_\_\_\_

**School** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone (if applicable):** \_\_\_\_\_ **E-mail (print clearly):** \_\_\_\_\_

**Race or Ethnicity:** \_\_\_\_\_ **Gender Identity:** \_\_\_\_\_

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Parent/Guardian 1 Name: \_\_\_\_\_  
(Required)

Permanent Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Participant/Guardian Permission:**

My signature indicates that I understand and have discussed with my young person (*under 18*) that compliance with the regulations is required for all youth participants. I give permission for my young person to attend and participate in the program listed above, as listed in program descriptions, to use transportation (public and private) selected by the program director, and to appear in publicity photos or videotapes. I certify that the attached Medical Release/Emergency Information is correct to the best of my knowledge.

**Participant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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