

CONSENT FORM FOR AGILITY CAMP  
*please use block letters when filling out this form*

As a Parent/Guardian of (Junior's Name): \_\_\_\_\_

I (Your name) : \_\_\_\_\_

give consent for my child to participate in the Agility Camp.

As I will not be present at the camp,

(Camp Guardian Name): \_\_\_\_\_

will be the person responsible for the Junior named above.

Your Signature: \_\_\_\_\_

Acting Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Your full contact details:

Day phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Any other phone / contact details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_