

Parental Consent for Sports Team Training Camp

Date: _____

To Whom It May Concern,

I, the undersigned, _____ (Parent/Guardian's Name), am the parent/guardian of _____ (Child's Full Name), who wishes to participate in the Sports Team Training Camp organized by _____ (Organization/Team Name) from _____ (Start Date) to _____ (End Date).

I understand that participation in sports activities involves a risk of injury. I hereby give my consent for my child to participate in the training camp and acknowledge that the training camp staff will take necessary precautions to ensure the safety of the participants.

If my child requires medical attention during the camp, I consent to the camp staff administering first aid and contacting the appropriate medical personnel in case of an emergency.

Emergency Contact Number: _____

Insurance Information (Provider/Policy Number): _____

By signing below, I acknowledge that I have read and understood this consent form.

Signature of Parent/Guardian: _____

Printed Name: _____

Date: _____