



Parental Consent for Child to Volunteer

Sports Connections for Kids, a 501(c)(3) nonprofit dedicated to facilitating organized play among children of all ethnicities and demographics, encourages and appreciates the efforts of volunteers under the age of 18. Before a child begins volunteering, however, we require consent from the parent(s) or legal guardian(s). To consent, please read and sign the form below. Thank you, and don't hesitate to contact us with questions.

*If a child has more than one parent or guardian, singular references should be read as plural.
Both parents/guardians must fill out and sign this form.*

Child's name: _____

Child's date of birth: _____

Child's age: _____

Parent/legal guardian's name: _____

Parent's address: _____

Parent's home phone: _____

Parent's work phone(s): _____

Parent's mobile phone(s): _____

Alternate contact in case of emergency:

Name: _____

Relationship to child: _____

Home phone: _____

Work phone: _____

Mobile phone: _____

By signing this form, I, the parent or legal guardian of the child named above, consent to the child's participation in volunteer activities organized by *Sports Connections for Kids*. I understand that the child will be provided with orientation and training necessary for the safe and responsible performance of the volunteer duties and will be expected to meet all the requirements of the position, including compliance with *Sports Connections for Kids'* policies and procedures. I understand that my child will receive no monetary compensation for this work.

I also understand that inherent risks may be associated with volunteer activities, including but not limited to broken bones, contusions, sprains, concussions, paralysis, and death, and will not hold *Sports Connections for Kids* accountable or liable for any injuries that unintentionally result from the child's participation, or that arise during time spent volunteering due to any underlying physical condition.

Parent/Legal Guardian's Signature(s)

Date

My child has the following health limitations: _____

Medical Treatment Authorization

Parent(s)/Guardian(s), initial one of the following:

_____ I/we give

or

_____ I/we do not give

Sports Connections for Kids permission to authorize medical care for my child, _____

_____ (*child's name*) if, in the reasonable judgment of *Sports Connections for Kids*, the need arises.

Such medical treatment shall be provided upon the advice and supervision of any physician, surgeon, dentist, or other medical practitioner licensed to practice in the United States.

Parent/Legal Guardian's Signature(s)

Date