



## PARENTAL PERMISSION FORM

Participant's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### PARENT/LEGAL GUARDIAN

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**T-SHIRT SIZE**  
(Please circle the  
size that applies  
to your child)

Adult Sizes	Youth Sizes
X-Small	
Small	Small
Medium	Medium
Large	Large
XL	XL
XXL	
XXXL	

### PLEASE REVIEW AND COMPLETE THE INFORMATION BELOW

The undersigned, as the parent and/or legal guardian of the minor stated below, allows my child, \_\_\_\_\_, to participate in the New Ford Tech Academy through Woody Anderson Ford. In consideration of the minor's participation in the New Ford Tech Academy, the undersigned, on behalf of the minor, his or her heirs and assigns, hereby releases Woody Anderson Ford and its agents, employees, representatives, facility, organization, business, affiliates or any persons or entities involved with the New Ford Tech Academy, from any claims, demands and causes of action that the minor may have now or that may arise in the future in any way arising from the minor's participation in the New Ford Tech Academy.

Further, in the event that the minor brings any action, lawsuit or claim against the released parties in any way arising out of or related to the New Ford Tech Academy, I agree to defend, hold harmless and indemnify the released parties from any and all liabilities or claims made in any way related to, or arising from, the minor's participation in the New Ford Tech Academy, including claims arising from the released parties' own negligence.

I also give permission for my child, \_\_\_\_\_, to be transported to and from events by hired and volunteer drivers authorized by the management of Woody Anderson Ford.

**Printed Name of Parent or Legal Guardian** \_\_\_\_\_

**Signature of Parent or Legal Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

**First Emergency Contact Name** \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Second Emergency Contact Name** \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_