PARENTAL CONSENT FORM

This form MUST be signed by a parent or legal guardian of any Pathfinder (under age 18) participating in the Basketball Events sponsored by the Florida Conference Pathfinder Department

Please submit this completed and signed form to the Rezone Basketball Organizers.

Full name of youth if under 18 years old: _____

I understand that Florida Pathfinders and its representatives will take all reasonable steps to provide individual care and safety for each child, but I am aware that Florida Pathfinders its officers, employees, agents and volunteers cannot assume responsibility for any injury, loss, damage or harm to any child or to his/her property during the course of the Basketball events, including traveling to and from the event. I understand and acknowledge that certain risks of injury, loss, damage or harm are inherent to participating in Basketball events and I agree to indemnify and save harmless Florida Pathfinders, its officers, employees, agents and volunteers from and against any injury, loss, damage or harm that may befall my child as a result of their participating in this Basketball event UNLESS such injury, loss, damage or harm is caused by the SOLE NEGLIGENCE of Florida Pathfinders or its representatives while acting within the scope of their dues.

I hereby grant permission for my child, whose full name appears above, to fully participate in the Basketball events as I declare having read and understood the above and hereby consent to my child participating on the basis described. Florida Pathfinders is solely responsible for the use and protection of all personal information collected from registrants.

In addition, permission is hereby given for any photos, videos or other media format of my child to appear in any advertising or reporting material produced by Florida Pathfinders or its parent organization.

Yes __ No__

_____	_____	_____
Printed name of parent or legal guardian	Signature	Date signed

_____	_____	_____
Printed name of parent or legal guardian	Signature	Date signed

EMERGENCY CONTACT INFORMATION:

Name _____ Phone number: _____

E-mail: _____ Relationship to child: _____