

**YOUNG ATHLETE PLAY DAY**  
**CONSENT FORM – Good for three (3) years**  
(To be completed by parent or guardian of minor)



I am the parent/guardian of \_\_\_\_\_  
(Print first and last name)  
and I hereby represent that he/she has my permission to participate in the Young Athlete Play Activity Day.

I grant my permission to allow my child to be photographed or videoed for the purpose of communicating the purposes and activities of Special Olympics. Yes \_\_\_\_ No \_\_\_\_

If a medical emergency should arise during the event and I am not present or unable to be reached, I hereby authorize Special Olympics Iowa, on my behalf, to take whatever measures are necessary to insure that my child is provided with any emergency medical treatment in order to protect the athlete's health and well-being.

\_\_\_\_\_  
*Print Parent/Guardian Name*

\_\_\_\_\_  
*Signature of Parent/Guardian* *Date*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_