

BEND PICKLEBALL CLUB
PARENTAL CONSENT FORM

Minor's Name _____

Date of Birth _____

Parent/Legal Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

I, the undersigned, am the parent/legal guardian of the above-named minor child and hereby grant permission for him/her to participate in Bend Pickleball Club activities at Pine Nursery Park during normal Club hours for the full term of their Bend Pickleball Club membership(s).

I acknowledge and understand that my minor child's participation in any Bend Pickleball Club event/program/activity is voluntary and that there are certain risks associated with it. I agree to assume these risks and hereby release the Bend Pickleball Club and its officers, employees, and agents from any and all liability, claims, or damages arising from my minor child's participation.

I further authorize the Bend Pickleball Club to obtain medical treatment for my minor child in the event of an emergency. I understand that every effort will be made to contact me or the emergency contact listed below in the event of an emergency.

Emergency Contact Name _____ Phone _____

I have read and understood the contents of this Parental Consent Form and agree to its terms.

Date _____

Parent/Legal Guardian Signature _____