

# Mo-Kan Bridge Academy Minor Participation Consent

My child \_\_\_\_\_ has my consent to participate in bridge lessons, bridge games, and any food consumption associated with those events.

My child has the following allergies:

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Child's name \_\_\_\_\_

Child's age \_\_\_\_\_

Parent (or guardian) name: \_\_\_\_\_  
(printed)

Parent email: \_\_\_\_\_

Parent phone #: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency contact phone #: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_