

WAVES OF CHAMPIONS (A Q&N; Sports Development Limited Initiative) PARENTAL CONSENT FORM

Participant Details

Full Name: _____
Date of Birth: _____
School/Team: _____
Event Location: _____
Event Date(s): _____

Parent/Guardian Details

Full Name: _____
Address: _____
Relationship: _____
Legal Guardianship (if applicable): _____
ID Number: _____
Phone: _____
Email: _____

Consent & Agreement

1. I confirm all information is accurate.
2. I give permission for participation.
3. I consent to media usage (photos/videos) for promotion.
4. I authorize medical treatment if needed.
5. I release Q&N; Sports Development Limited from liability.
6. I confirm my child is physically fit.
7. I agree to code of conduct rules.
8. I accept responsibility for belongings.
9. I give full consent as parent/guardian.

Parent/Guardian Name: _____

Signature: _____ Date: _____