

## PARENT AUTHORIZATION

(PLEASE PRINT)

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Name of Workshop: \_\_\_\_\_ Workshop Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

I, the undersigned, will hereby authorize my son/daughter to attend the Discovery workshop scheduled for the date listed above. I hereby take full responsibility for my son/daughter's enrollment and his/her actions in the workshop. I am aware that the leaders and staff of this workshop are not in any way liable for any physical or emotional distress or damage that may be caused.

X \_\_\_\_\_  
Parent Signature Date