

**HOLIDAY LAKE ESTATES CIVIC ASSOCIATION - COMMUNITY CENTER****Parent Consent / Authorization for minor Volunteer**

**IMPORTANT: If the Volunteer is less than 18 years of age, all parents or guardians must complete the signature section below.** If only one parent or guardian signs the form on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he/she/they/them is executing the form on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, that he/she/they/them is fully authorized to do so, and that by executing such Release and Parental Authorization, the undersigned is binding himself/herself/themselves, the Volunteer and any other parent or guardian of the Volunteer, and all of their heirs, next of kin, assigns, and legal representatives to such Release and Parental Authorization.

**Name of Volunteer Under 18 Years Old:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN SIGNING ON BEHALF OF ABOVE MINOR:**

I have carefully considered my decision, the benefits and risks involved and hereby give my informed consent, on behalf of the above-listed minor child, for him/her/they/them to participate in all selected activities as set forth in the Volunteer Application. I understand that the Volunteer Application and Waiver of Liability is made on behalf of my minor child and/or legal wards, and I represent and warrant to the Community Center - Holiday Lake Estates Civic Association ("HLECA") or its affiliated organizations that I have the full authority to sign this on behalf of such minor child named above.

**Parent/Guardian:**

Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Address (city, state, zip): \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C ) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION FOR ABOVE LISTED MINOR VOLUNTEER:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (city, state, zip): \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C ) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_