

PARENT/GUARDIAN CONSENT FORM

For athletes under 18 years old

I, being the parent/legal guardian of _____ (Full Name),
NRIC: _____ (last 4 characters,) hereby consent to my child/ward's participation in the
Baseball Clinic which will be held on 19, 22 and 26 April 2024.

Name of Parent/Guardian:
Relationship:
Does your child/ward have any medical condition? If no, kindly indicate NA:

Signature

Date

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name : _____

Relationship : _____

Contact : _____