

HYROX YOUNGSTARS

PARENT / LEGAL GUARDIAN CONSENT FORM

Please complete details below:

Child's Details	
Full Name:	
Date of Birth:	
Address:	
Ticket ID:	

Parent / Guardian Details	
Full Name:	
Relationship to Child:	
Contact number:	
Email:	

Event Details	
Location:	
Date(s) and Time(s):	

Supervising Adult Details	
Full Name:	
Contact Number:	

I, the undersigned, confirm that am the parent/ legal guardian of the above-named child.

I give my permission for my child to attend the event detailed above under the supervision of the named adult above.

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Date:

Name: