



## ACGL – PARENTAL CONSENT FORM

### Participant Information:

Full Name of Participant (First/Middle/Last) \_\_\_\_\_

Date of Birth (Year/Month/Day) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

### Parental/Legal Guardian Information:

Full Name (First/Middle/Last) \_\_\_\_\_

Date of Birth (Year/Month/Day) \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Email Address: \_\_\_\_\_

### PERMISSION FOR PARTICIPATION IN THE ACGL LEAGUE, RELEASE OF LIABILITY

I, the undersigned, certify that I am the parent or legal guardian of the above-mentioned Participant. I hereby authorize my minor child, named above, to participate in the ACGL online League.

I am aware that the games my child will play and content they may be exposed to may be of a higher age classification than is recommended for them to view or engage with, and I agree that I am allowing them to engage with such games and content, and/or have been granted permission to do so.

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SIGNATURE OF PARENT/GAURDIAN

DATE

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