



## MAPLE RIDGE 2024 BC SUMMER GAMES VOLUNTEER REGISTRATION UNDER AGED CONSENT FORM

**PLEASE NOTE:** If you are under 19 years of age, you are required to have a legal guardian submit a signed consent form before your registration will become active.

### **Volunteer Information** (as was submitted on your volunteer registration form)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Parent/Guardian Permission:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

I hereby give permission to \_\_\_\_\_ (name of volunteer) to volunteer for the **Maple Ridge 2024 BC Summer Games**.

Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Click to review:

- [Terms and Conditions](#)
- [Code of Conduct](#)

*Please return a scan, PDF, or image of the signed form to:*

**Maple Ridge 2024 BC Summer Games**

Email: [volforms@bcsummergames.ca](mailto:volforms@bcsummergames.ca)