



## Lyon County Amateur Radio Emergency Services Parental Consent Form



The parental consent form is for applicants under the age of 18 to obtain approval and consent to become a member of LCARES. The form must be completely filled out.

### **Applicants Information:**

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

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male [ ] Female [ ]

Address: \_\_\_\_\_  
(STREET) (CITY) (ZIP)

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

### **Parent or Legal Guardian Information:**

Parent/Guardian #1 Name: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

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

Parent/Guardian #2 Name: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

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

### **Emergency Contact Information:**

This is a person to notify in case of an emergency other than a parent.

NAME: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

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

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

(Signature of Consenting Parent or Legal Guardian)