I.C.U.A. Youth Rally Consent and Release Form

We, I, the undersigned parents or guardians of			
		Family Medical Insurance Carrier:	Policy #:
			JGHTER HAS ANY ALLERGIES, REQUIRES SPECIAL ONSIDERATIONS:
Signed this day of			
	Parents/Guardians Signature		
	Participants Signature		
	Participants Social Security Number		
State of}			
Ss: County of}			
Subscribed and sworn to before me this	, day of, 2019.		
	Notary Public		
	Commission Expires:		