

PARTICIPANT PERMISSION SLIP

(Duplicate as necessary)

Coach:

Each participant **MUST** complete this form prior to participating in the ICCA Championships. Turn in all signed forms in **ALPHABETICAL ORDER** (by last name) at the registration table when registering at the President Abraham Lincoln Hotel in Springfield.

My child has my permission to participate in all Championship activities at BOS Convention Center and President Abraham Lincoln Springfield - a DoubleTree by Hilton in Springfield, IL, on January 6 and January 7, 2024. I understand that ICCA is not liable for any injuries my child may receive while participating in this competition. I also permit Wagner Studios and ICCA personnel to photograph my child during the 2024 competition and awards. ICCA reserves the right to use audio, video, and still photography captured during this event for archives and promotional purposes including, not limited to, print, radio, television and internet advertisement.

Child's Last Name: _____

Child's First Name: _____

School Representing: _____

Parent/Guardian Signature: _____

Date: _____