



Parental Permission Slip/ Registration Form

Youth Name: _____

Address: _____

Phone Number: _____ Age: _____ Grade in School: _____

School Attending: _____ Email (if available) _____

Name of parent / guardian:

Address (if different than above): _____

Phone Number: _____

To Whom it May Concern: I give my permission for _____ to take part in taping and filming events for the television show, *Club TNT*. After having discussed with my child the potential risks involved in his/her participation in this activity, both of us understanding and accepting those risks, and that Today Not Tomorrow, Inc. or Gabbag Productions shall not be responsible either to me or my child for any illness or injury to the person or property of my child arising out of his/her participation in this activity, I hereby consent to his/her participation. As a parent/ guardian I also understand that I am asked to be present at the events whenever possible and participate as I am able with my son or daughter.

We have also read and discussed the guidelines for "Behavior on the Set" and the "Dress Code" printed on the back and have agreed to follow them. We have a copy of these guidelines.

I give permission for my youth to participate in *Club TNT*. In the event of a medical emergency she/he may be taken to the nearest hospital for immediate medical care.

Signature of parent or guardian

I will obey the Guidelines for "Behavior On the Set" and "Dress Code."

Signature of youth

Who to call if parents aren't available in an emergency:

Name _____ Phone _____

Medical or Food Allergies or any other specific medical information we need to know: