

**VOLUNTEER TRAINING PROGRAM FOR THE LIMA 2019 PAN AMERICAN AND PARAPAN AMERICAN GAMES**

**PARENTAL AUTHORIZATION FOR MINORS**

I, \_\_\_\_\_

IDENTIFIED WITH ID NUMBER \_\_\_\_\_

AS      Mother ☐      Father ☐      Legal Guardian ☐

AUTHORIZE \_\_\_\_\_

IDENTIFIED WITH ID NUMBER \_\_\_\_\_

TO PARTICIPATE IN THE VOLUNTEER TRAINING PROGRAM FOR THE  
LIMA 2019 PAN AMERICAN AND PARAPAN AMERICAN GAMES, AT:

UNIVERSITY \_\_\_\_\_, DISTRICT \_\_\_\_\_

ON \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ID: \_\_\_\_\_

\*Please submit this document printed on the day you attend training with a copy of the Legal Guardian ID.