

NORTH OAKLAND DARTING ASSOCIATION
2012/2013 YOUTH LEAGUE CONSENT FORM

I, _____ give my permission for
_____ to participate in the N.O.D.A.
Youth Dart League. I understand that by signing this
consent I am releasing the N.O.D.A. and Airway Lanes
from all liability, damage or injury which may occur.

Parent Signature

Date

Emergency Contact

Phone #

I am also giving my consent for pictures to be posted on
the N.O.D.A. website and on the Airway Lanes website.
Pictures will be posted on Youth League Dart Pages.

Parent Signature

Date