

**UNIFEST TEEN SENSATION COMPETITION REGISTRATION & CONSENT FORM**

Parental consent & participation required for teens under age 18 years

Name of Teen \_\_\_\_\_ Age \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

**PARENTAL CONSENT**

I \_\_\_\_\_ \_\_\_\_\_ duly consent to having my child \_\_\_\_\_

participate in the UNIFEST TEEN SENSATION COMPETITION.

I also agree to take full responsibility to prepare my child for the competition; and to encourage support from family and friends for my child on the day of event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email to [patrice@caribvibes.com](mailto:patrice@caribvibes.com) or present completed form on day of audition