

※Applicants who are under the age of 18 years **MUST** provide this form in your registration.

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

## PARENTAL CONSENT FORM

### < Procedure >

- ( 1 ) Print your name in the box below first, then ask your parents/guardians to fill out the rest.
- ( 2 ) This form must be signed by the applicant's parents/guardians to be submitted.
- ( 3 ) Include the PDF file of the signed form into your Registration Form.

※Picture of the form will not be accepted.

### \*Applicant

First Name	Middle Name (if needed)	Last Name

### \*Parents/Guardians

I \_\_\_\_\_ (Parent/Guardian's Name)

give a permission to

my child \_\_\_\_\_ (Child's Name)

to participate in B.DREAM PROJECT 2025

※	Address	
※	Phone Number	
	E-mail (if available)	

※Requisite

**SIGN Parent/Guardian's Name and Date:**

(Name) \_\_\_\_\_ (Date) \_\_\_\_\_