## Oakland Bird Alliance

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Program:		
Location:		
Date:		
Name (please print legibility)		
Address	City:	Zip:
Telephone	Email	
Consent of Parent or Legal Guard	lian if the Participant i	s a Minor
I consent and agree to the above te guardian, of the Minor participant id- and have the right to provide this Co above Acknowledgement and that I	entified above. I hereby onsent for this Minor. I	warrant that I am of full legal age urther state that I have read the
Signature	Relationship:	
This signed Acknowledgement will be updated annually. Young Birders	· · · · · · · · · · · · · · · · · · ·	-

family members.