

NORTH OAKLAND DARTING ASSOCIATION
2014/2015 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 Waterford 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. Pictures will be posted on Youth
League Dart Pages.

Parent Signature

Date