

**Joseph E. Enright Foundation Video Contest:  
Your Experience with Melanoma or Skin Cancer**

**ENTRY FORM**

**Name of Participant:** \_\_\_\_\_

**Participant age** \_\_\_\_\_ (if you are under 18 years of age, your parent or guardian must complete and sign the Parental Permission Form):

**Email address:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Grade in School if a student:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

By signing this document, I acknowledge that I have read and understand the Rules of the Joseph E. Enright Video Contest and agree to abide by and consent to the Rules.

\_\_\_\_\_

Participant Signature

**Joseph E. Enright Foundation Video Contest:  
“Your Experience with Melanoma or Skin Cancer”**

## **PARENT/GUARDIAN PERMISSION FORM**

I hereby state that I am the parent/guardian of the student named below, have legal authority to grant permission and hereby grant permission for his/her participation in the Joseph E. Enright Foundation Video Contest: "Your Experience with Melanoma or Skin Cancer."

**Parent/Guardian Name:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_

**Participant Age:** \_\_\_\_\_

**Parent/Guardian Daytime Telephone:** \_\_\_\_\_

**Parent/Guardian Evening Telephone:** \_\_\_\_\_

**Parent/Guardian Home Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

By signing this document, I acknowledge that I have read and understand the Rules of the Contest and agree to abide by and consent to the Rules, on my own behalf and on my child's behalf.

\_\_\_\_\_

Parent/Guardian Signature