

youthprograms@calpoly.edu

Parent/Guardian Participation Agreement

Program Information

Name	
Date(s)	
Location(c)	
Program Description	
Participant Responsibilities	
Emergency Contact	
First & Last Name:	Cell Phone Number:
Work Phone Number:	Email:
Address:	Relationship to Youth:
I give permission for my child to participate in the program.	
Printed Parent or Guardian Name	
Signature of Parent or Guardian Date	

Program Coordinator is responsible for ensuring the program retains the form and keeps them on file for all applicable program participants.