YOUTH OPPORTUNITY PROGRAM
PARENTAL PERMISSION/CUSTOMER CONTACT FORM

I,_____ give permission for my child, _____ to
participate in the Youth Opportunity Program. I understand that by having my child enrolled to the program, I agree to follow its policies and guidelines that is given by the program.

Primary Contact: Name: _____

Address: _____

Phone: _____

Secondary Contact: Name: _____

Address: _____

Phone: _____

The following are emergency contacts for my child:

Emergency Contact: Name: _____

Address: _____

Phone: _____

Alternative Emergency Contact : Name: _____

Address: _____

Phone: _____

Parental Signature: _____

Date: _____

Created 3/02