



Parent/Guardian Consent Form
VISIONS OF TRUTH COMMUNITY DEVELOPMENT CORPORATION
Students Taking Responsibility in Valuing Education
STRIVE PROGRAM

Childs Name: _____ DOB: _____

Address: _____

School: _____ Grade: _____ Age: _____

Parent /Guardian Name(s): _____ Phone: _____

Emergency Contacts: _____ Emergency Phone: _____

Parental/Guardian Consent to Participation in

STRIVE PROGRAM Activities

(Participant's Name) _____ is in good health. (Participants Name) _____ does / does not have any diagnosed behavioral or mental health disorders. My child may participate in all activities including academic remediation, counseling, assessments, sports, and recreational activities. I understand that this program is supervised by qualified staff and that my child must obey all rules and regulations of the program so that the best discipline and safety standards can be maintained.

I/We do hereby hold the VOTCDC and its agents harmless for any and all damages and injuries and waive any and all liabilities that the VOTCDC may incur as a result of any injury to me/or my/child while participating in the STRIVE PROGRAM activities. I/we agree to indemnify the VOTCDC for any all damage or injuries resulting from acts of omission or commission of my child's program participation.

Signature of Parent or Guardian

Date