

# PARENT CONSENT FORM

TO BE COMPLETED BY PARENT OR GUARDIAN

Participant's Name: \_\_\_\_\_

After reading through the Project SaM information, I am supportive of my child's desire to participate in the Project SaM program. YES  NO

Parent Signature \_\_\_\_\_

**Parent (Father)/Guardian:**

Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(If different than applicants home address)

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

**Parent (Mother)/Guardian:**

Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(If different than applicants home address)

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Why do you support your child participating in Project SaM?