

**YOUTH ADVISORY COUNCIL
PARENT PERMISSION FORM**

PARENTS: PLEASE READ THE ENTIRE FAQ'S AT WWW.PINECREST-FL.GOV/YAC BEFORE FILLING OUT THE APPLICATION

PARENT/GUARDIAN NAME:
PARENT/GUARDIAN TELEPHONE:
PARENT/GUARDIAN EMAIL:
PARENT/GUARDIAN CELL:
EMERGENCY CONTACT NAME:
EMERGENCY CONTACT CELL:
DOES YOUR CHILD HAVE ANY HEALTH ISSUES OR ALLERGIES THAT WE SHOULD BE AWARE OF?
THE FIRST MEETING OF THE SCHOOL YEAR WILL BE ON FRIDAY, AUGUST 23, 2024, AT 4:30 P.M. <input type="checkbox"/> MY CHILD IS AVAILABLE <input type="checkbox"/> MY CHILD IS NOT AVAILABLE
PLEASE CHECK ALL THAT APPLY: <input type="checkbox"/> I HAVE READ THE FAQ DOCUMENT <input type="checkbox"/> MY CHILD LIVES IN PINECREST <input type="checkbox"/> I CAN PROVIDE TRANSPORTATION FOR MY CHILD TO ATTEND MEETINGS <input type="checkbox"/> I UNDERSTAND THAT MY CHILD MUST STAY FOR THE ENTIRE DURATION OF A GENERAL MEETING IN ORDER TO RECEIVE CREDIT OF PARTICIPATION <input type="checkbox"/> I AM WILLING TO CHAPERONE ONE (1) EVENT <input type="checkbox"/> I UNDERSTAND MY CHILD'S PHOTO MAY BE PUBLICIZED ON SOCIAL MEDIA <input type="checkbox"/> I UNDERSTAND THAT NOT ALL APPLICANTS WILL BE ABLE TO PARTICIPATE IN THE PROGRAM

I have read the FAQ document and understand the program requirements:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____