



PARENTAL / GUARDIAN CONSENT FORM

In order for your child / teen to become a participant with the San Bernardino Community College District's Applied Technology Training Center, we need your consent and your involvement in helping him/her to have a productive experience. Please read and sign this parental consent form in order for us to continue our process of considering your child / teen to be a participant.

Name of Prospective Participant _____ Birth Date _____
Address _____ Phone _____
Event / Activity / Program Name: _____

I understand that my child, named above, wishes to participate in the activity named above and I hereby give my permission for him/her to serve in that capacity, if accepted by the San Bernardino Community College District's Applied Technology Training Center. I understand that he/she will be provided with orientation and/or training necessary to assist in the performance of the duties and that he/she will be expected to meet all of the requirements of the position, including attendance and adherence to the San Bernardino Community College District's Applied Technology Training Center's policies and procedures.

The San Bernardino Community College District's Applied Technology Training Center is not liable if he/she should sustain an injury or illness arising out of and in the course and scope of his/her participation.

____ Initialing, provides my approval and permission for my child/teen to participate in the described activity / program.

Parent / Guardian: Print Name _____

Parent / Guardian Signature _____ Date _____

Parent / Guardian Address, if different from participant:

City _____ State: _____ Zip Code _____

Day Phone _____ Cell Phone _____ Evening Phone _____