CONSENT FORM

I, the parent, or legal guardian of	hereby give permission for my
child to take part in active membership of Crowned Incorpora	ated.
I fully understand the program involves mentors, who are selescreened (including a criminal background check) and trained	•
I understand that during the program there may be exclusive and youth) and family events planned. I trust that the staff of supervision of the activities.	
I allow the staff of Crowned to utilize photographs of my chil	d taken during the involvement of
Crowned and waive all rights of compensation.	
· · · · · · · · · · · · · · · · · · ·	
	(λ)
Date _	Y S
(Signature of Parent/Guardian)	
(Printed name of Parent/Guardian)	
(Phone Number)	
Crowned Incorpor	rated Capal
	Charles Johnson