

The Henry Armstrong Foundation, Inc.

“Think and Read like a Champion
Positive Thinking Mentoring Youth Program”

Parent/Legal Guardian Waiver Form

Student Name:

Grade Level:

Age:

Name of School:

Home Mailing Address:

Home Telephone Number:

Email Address:

Release Statement:

As the parent or guardian of the above-named student, I acknowledge and agree to enroll my child into the Henry Armstrong Foundation, Inc., Think and Read like a Champion Positive Thinking Mentoring Youth Program.

I permit the reports, essay and reference to my child as the author thereof as well as his or her image or likeness to be distributed and displayed publicly without any compensation.

Signature, print parent/guardian name and contact phone number:

Parent/Guardian Signature

Parent/Guardian Name (print)

Parent/Guardian Telephone Number