

"The Henry Armstrong Foundation, Inc

Positive Self - Image – Psychology – Mentoring - Youth Program

Parent/Legal Guardian Waiver Form

Student Name:

Grade Level:

Age:

Name of Boxing Gym or 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 - Positive Self - Image – Psychology – Mentoring - Youth Program

I permit the photos, videos 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, parent/guardian name and contact phone number:

Parent/Guardian Signature

Parent/Guardian Name (print)

Parent/Guardian Telephone Number

