

PROGRAM PARTICIPATION PARENTAL PERMISSION

Student Name:			
Current Grade:	High School:		
Student Cell #:	Student Email:		
Parent Email:	Parent Home #	Parent Cell#_	
Program on October 20, 2023 to	(named above) to attend The Georgia Soc be held at The Georgia Society of CPAs of twas recommended for this program by hi through your school.	office (6 Concourse Parkway, Sui	ite 800, Atlanta, GA
Scholarships			
application and day of participat	guaranteed a scholarship or award; all par ion. Winners will be announced onsite at t ne attendees. Monies will be mailed to the	the conclusion of the program. At	least one junior and
Photo Release			
	otographs and video images of events in n emission for photo/video images of my s		
Activity Release			
I understand that GSCPA is not 1	liable for any expenses or injury. Transpor	rtation is not provided by GSCPA	Λ.
I further give permission for my	student to participate in all supervised act	ivities except as noted.	
COVID			
The Georgia Society of CPAs ca illness.	nnot be held liable for any exposure to CC	OVID-19 and your attendance rela	eases any claim of
Signature of Parent or Legal C	Guardian Printed Name	e of Parent or Guardian	Date
	Emergency Contact Inf	formation	
Names of person and tele	ephone numbers to call in case	of emergency	
Name:	Relat	ionship:	
Home Phone:	Cell/ Alternate l	Phone:	
Name:	Relationship:		
Home Phone:	Cell/ Alternate Phone :		