



The Georgia Society of CPAs

PROGRAM PARTICIPATION PARENTAL PERMISSION

Student Name: _____

Current Grade: _____ **High School:** _____

Student Cell # : _____ **Student Email:** _____

Parent Email: _____ **Parent Home #** _____ **Parent Cell#** _____

I give permission for my student (named above) to attend The Georgia Society of CPAs Advancing of Rising Professional Program on October 21, 2022 to be held at The Georgia Society of CPAs office (6 Concourse Parkway, Suite 800, Atlanta, GA 30328). I understand my student was recommended for this program by his/her high school teacher/counselor.

Scholarships

Not all program participants are guaranteed a scholarship or award; all participants have the chance to be awarded based on application and day of participation. Winners will be announced onsite at the conclusion of the program. At least one junior and one senior will be chosen from the attendees. Monies will be mailed to the recipients after the event.

Photo Release

I recognize that GSCPA uses photographs and video images of events in marketing publications including websites, social media and print media. I hereby grant permission for photo/video images of my student to be taken and used for such purposes.

Activity Release

I understand that GSCPA is not liable for any expenses or injury. Transportation is not provided by GSCPA.

I further give permission for my student to participate in all supervised activities except as noted.

COVID

The Georgia Society of CPAs cannot be held liable for any exposure to COVID-19 and your attendance releases any claim of illness.

Signature of Parent or Legal Guardian **Printed Name of Parent or Guardian** **Date**

Emergency Contact Information

Names of person and telephone numbers to call in case of emergency

Name: _____ Relationship: _____

Home Phone: _____ Cell/ Alternate Phone : _____

Name: _____ Relationship: _____

Home Phone: _____ Cell/ Alternate Phone : _____

The Georgia Society of Certified Public Accountants
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