

**Kappa Alpha Psi Fraternity
Guide Right Program
Parental Permission and Information Sheet**

Child's Name _____ Age _____
(please print)

School _____ Grade _____ Shirt Size _____

Parent/Guardian's Name(s) _____

Address _____

City/Zip Code _____

Phone # _____ E-mail _____

Other structured programs / activities the child is involved in: (i.e. Sports team, Camps etc.)

1) _____ 2) _____ 3) _____

Top three interests of child:

1) _____ 2) _____ 3) _____

I, _____ (parent/guardian). Agree to allow my son(s)

_____ to participate in the 2015-2016 Guide Right Program sponsored by Denver Alumni Chapter of Kappa Alpha Psi Fraternity Inc. I further agree to drop off and pick up my son (s) at the appointed times and to assist in achieving the Program's objectives to the best of my ability.

Briefly share what you hope your child gains from this program:

(Parent/Guardian/s Signature) (Date)