

## **CONSENT FORM**

## To the parent(s) or guardian(s):

Thank you for allowing your child to apply for PAAC's Global Leadership Program. This represents an exciting opportunity for students to develop their leadership skills and potential as they plan for their future in an interconnected world.

This program requires participants' commitment to attend all sessions. If your child is selected for this program, we request your support in enforcing this agreement by not scheduling anything that conflicts with program dates and reminding your child that this program will take priority over other activities, including proms, extra-curricular activities at school, and/or community events.

## Please read and sign the following statement:

I/we grant the Pacific and Asian Affairs Council (PAAC) permission to check with my child's school counselor and principal to determine if my child has demonstrated good citizenship, responsibility, and emotional stability.

In order to assist PAAC in attending to the health and safety of my/our child, I/we acknowledge that I/we have provided PAAC a complete and full description of any health condition(s) or medical restriction(s) that my/our child may have. By completing this application, I/we consent that this information, along with information from school records, teachers, counselors or deans can be used in determining my/our child's suitability for this program, providing for the safety of my/our child, and providing information when health, illness, injury or behavior may have an effect on my/our child's intended study abroad program. I/we further acknowledge that PAAC reserves the right to select participants for this program based on PAAC's determination of each child's suitability.

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Signature of Parent or Guardian/ Date	Signature of Parent or Guardian/ Date

## To the applicant:

I certify that all information provided in this application is true, and should any discrepancies	
come to light, I understand that my application will be discarded. Furthermore, I agree to come	mi
to all of the program dates if I am selected to participate in this program.	

Signature of Applicant/ Date	