

Cumberland County Youth Sports Organization

Bridgeton, New Jersey. 08032

(856) 392-2087

ccyso1.com

Robbi Ford
President

Shantai Hollis
Vice President

PERMISSION FOR PARTICIPATION IN Power of Positivity (P.O.P.) Youth Mentoring Group

I hereby give permission for my child: _____, to
(YOUR CHILD'S NAME)
participate in the P.O.P. Youth Mentoring Group.

I acknowledge that permission is contingent upon my child adhering to CCYSO's code of conduct as listed below. Failure to comply could ultimately result in a removal from the program.

I further acknowledge the importance of reaffirming the code of conduct for my child at home in order to see the true benefit of those positive actions.

CCYSO Youth Group Code of Conduct:

- Be respectful of yourself and others
- Feel free to share thoughts and ideas
- Respect volunteers

PARTICIPANT NAME

PARTICIPANT SIGNATURE

PARENT NAME

PARENT SIGNATURE

DATE