MICHIGAN STATE UNIVERSITY YOUTH PROGRAM PARENT/GUARDIAN CONSENT FORM

I grant permission for (print participant's name)	
Program name:	
Program dates:	
MSU unit/department:	
I understand that sessions may entail field trips and/or campus facilit understand that participants may engage in athletic or other recreation have special risks.	-
I have read the session descriptions and approve of my child's selections associated with the assigned sessions and selected recreations	
I understand that my child has a role to play as regards his or her sat will speak with my child about the need to honor safety rules and to be	
(Please print):	
(Parent or legal guardian)	
Signature: Date:	