

Lakes Area Yes Network Parent Contact Form

Please fill out the form below and return to your Yes Network Site by Monday, June, 8th.
Thank you for your support!

Please Print Parents/Guardian Name: _____

Address: _____

Phone Number: (H) _____ (C) _____

Email Address: _____

Please list the names of your children that will be attending Lakes Area Yes Network

Last Name	First Name	Age	School Attended last year

Yes No I give permission for my child to be photographed by Lakes Area Yes Network Staff to be used for promotional purposes of the organization.

Yes No Photographic, audio or video recordings of my child may be used for promotional or educational use by Lakes Area Yes Network which may include:

- Presentations
- Classes/Courses
- Online/website/internet
- Social Media
- News (Press)

Parents/Guardian Signature: _____

