

STEP UP Coaching Parental Permission Form

Student's Name:

Student's Age:

Student's School:

Student's Address, City, State, Zip Code:

Student's Cell Phone:

Student's Home Phone:

Student's email:

Parent's/Guardian's Name:

Parent's/Guardian's Cell Phone:

Service Provided to your son/daughter: Life coaching and mentoring:

I, the undersigned parent or legal guardian of the above student, do hereby consent and agree that he/she may participate in the program(s) or service(s) listed above. I understand and acknowledge that this program is voluntary and there is no requirement that my daughter/son participates in this program. Furthermore, I understand that the individuals who serve as coaches, mentors or facilitators for these programs are not providing psychiatric or psychological counseling but rather life coaching and leadership training services.

As a general rule, all meetings between your son/daughter and our staff will occur virtually via zoom or phone calls. Finally, I understand that I may withdraw my permission at any time by written notification to Step Up Coaching at stepupcoaching30@gmail.com. and that my daughter/son will thereafter be withdrawn from the life coaching/mentoring services or leadership program enrolled in.

Our coaches, mentors and/or facilitators will work with your child on opportunities, challenges or problems they choose to focus on. Your child will set objectives and action steps to make continuous progress towards achieving these objectives. Our coaches, mentors and facilitators are not serving as a substitute or replacing any care that may be provided by licensed psychologists, therapists, healthcare, medical or legal professionals.

Parent's/Guardian's Name: (Print)

Parent's/Guardian's Name: (Signature)

Date Signed: