

Parent/Guardian Authorization for Student to Communicate with Advisor/Coach

I hereby acknowledge receipt of Policy GBEBB and GBEBB-R. I have reviewed the Policy and agree that my student may receive communications through ACPS sanctioned school sanctioned media or mass communications for the purpose of their participation in extra-curricular activities. Your student will receive communications through the following platforms _____. I understand that I should familiarize myself with the platforms listed. (Coach to list platforms)

Student Name (Print)

Parent Name (Print)

Signature of Parent/Guardian

Date Signed by Parent/Guardian

-----**To be filled out by Coach/Advisor**-----

I hereby acknowledge receipt of Policy GBEBB and GBEBB-R. I have reviewed the Policy and agree that it is my responsibility to comply with the Policy.

Coach/Advisor Name in Print

Signature of Coach/Advisor

Date Signed by Coach/Advisor

Employee Acknowledgment

I hereby acknowledge receipt of Policy GBEBB and GBEBB-R. I have reviewed the Policy and agree that it is my responsibility to comply with the Policy.

Employee's Name in Print

Signature of Employee

Date Signed by Employee