



PARENT / GUARDIAN CONSENT FORM

Date: _____

Dear Parent/Guardian:

Your son/daughter, _____, has been selected to participate in a program in which volunteers from the Bermuda Olympic Association will serve as mentors to promising young athletes. A mentor is a caring, adult volunteer who is willing to spend time helping our students succeed in and out of sport. The mentor will be talking with your son/ daughter a few hours a month. Any activities with the mentor should not be considered part of the mentor program and must be arranged strictly between the parent and mentor.

We hope that you will approve of having your child participate in this exciting program the BOA Mentor Program.

If you have any questions, please call me.

Sincerely,

Mentor

I grant permission of my son/daughter, _____, to participate in the mentor program.

Parent/Guardian Signature _____

Date: _____

PLEASE SIGN AND RETURN TO THE MENTOR

EMAIL PLEASE CC: OLYMPICS@IBL.BM