



# Freedom Education Center, LLC

3828 Hughes Court, Suite 205. Dickinson, TX 77539

• 281.755.6682

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## Parent/ Legal Guardian Authorization

Please print and complete the form below. Participants under the age of 17 **must** bring completed authorization on the date of the course or they will **not** be admitted into the classroom.

Participant's Name: \_\_\_\_\_ Participant's DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Contact Number: \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Legal Guardian of Participant) give permission for \_\_\_\_\_ (Participant) to take Freedom Education Center's \_\_\_\_\_ (Name of Course)

on \_\_\_\_\_ (Day, Date: Month, Day and Year) from \_\_\_\_\_ (Time) at \_\_\_\_\_

(Address of Location). By signing this form, I both acknowledge and understand that my child will participate in an educational training class with other individuals over the age of 17 and hereby give my consent.

\_\_\_\_\_  
Parent's/ Guardian's Signature

\_\_\_\_\_  
Parent's/Guardian's Printed Name

\_\_\_\_\_  
Date Signed



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