

# The Center For True Self LLC

## Participation Permission Slip

I \_\_\_\_\_, grant permission for  
(Parent and /or Legal guardian)

\_\_\_\_\_  
(Child's Name)

to participate in classes, trainings, workshops and work at  
**The Center For True Self LLC.**

For further information or in the case of  
emergency, please contact me at:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent and/or Legal Guardian)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_