

CONFIDENCE CLUB CONSENT FORM



Participant's Name _____ Grade _____

School Name _____

May we use the participant's picture on the Self-Esteem Rising website, promotional materials, and/or social media? Yes _____ No _____

We are looking for feedback about our program's impact. May we contact you for comments? Yes _____ No _____

Stay connected with us! Write your email here for free resources from Self-Esteem Rising and the Hance Family Foundation. Provide your cell phone number for occasional updates from the HFF.

Email _____

Cell phone _____

I give _____ permission to participate in Confidence Club.
(participant)

Please sign here to get started with Confidence Club!

Signature _____

Signature of Parent/Guardian, if participant is a minor

Date _____

