

RISE Parent/Guardian Permission Form

I, _____, the parent or legal guardian of
_____ give permission for my child to participate in
the RISE Summer Program at the Lerner Research Institute from June 2, 2025
through July 25, 2025. My child and I agree that he/she will commit to working 25
hours a week for the full 8 weeks if accepted into the program.

Parent/Guardian's Signature: _____ **Date** _____

Parent/Guardian's Name: _____

Email Address: _____

Phone Number: _____

Child's Signature: _____ **Date** _____

Child's Name: _____

Phone Number: _____