

# OPERATION TRACKSHOES

## PARENT or LEGAL GUARDIAN CONSENT FORM

ALL COUNSELLORS UNDER THE AGE OF 19 MUST BRING THIS COMPLETED FORM WITH THEM TO THEIR  
ORIENTATION SESSION

I, \_\_\_\_\_, hereby give consent for my son/daughter, \_\_\_\_\_,  
to attend Operation Trackshoes as a counsellor (or peer counsellor)

Signature: \_\_\_\_\_

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