



UNIVERSITY OF CENTRAL FLORIDA

Youth Protection Program Consent to Utilize Electronic Communications

Program/Activity Information:

Name _____

Date(s): _____

Location: _____

By signing below, I, (parent/legal guardian name) _____,
the legal guardian of, (minor participant's name) _____,
hereby give the right and permission to the above-named program to contact me/my child
by _____ to communicate program reminders and events
and allowing me/my child to respond back with availability, questions, or concerns. I
acknowledge that electronic communication will only consist of program related content
and that any fees incurred by me/my child as a result of such electronic communication are
my responsibility. I acknowledge that me/my child are under no obligation to authorize
University of Central Florida, and the University of Central Florida Board of Trustees to
send me/my child electronic communications as part of this program.

I acknowledge that Florida has a very broad open records law (F.S. 119), and that
my/my child's messages with the above-named program may be subject to public
disclosure.

No, I do not grant permission for my/my child's to receive/send electronic
communications.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____