

Child's Name \_\_\_\_\_  
Child's DOB \_\_\_\_\_  
Parent/guardian's Name \_\_\_\_\_  
Parent/guardian's Contact Information \_\_\_\_\_

Dear Atheist Community of Austin,

I, the undersigned, CERTIFY UNDER PENALTY OF PERJURY that I am the Parent and/or Legal Guardian of \_\_\_\_\_ ("child"). I am giving The Atheist Community of Austin my consent, as Legal Guardian of the aforementioned child to join your organization, including voting on matters before the membership, and contributing to your newsletter and website. I understand that my child's privacy will be protected. The Atheist Community of Austin will never print my child's contact information or photo without a separate parental consent form addressing the specific issue.

Parent Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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