



**SINKINSON DYSLEXIA FOUNDATION
PARTICIPATION PERMISSION FORM**

Name of Student: _____

I am: (check one) ___the above -named individual; the ___mother ___father ___legal guardian of the above-named child.

I hereby give my permission to Sinkinson Dyslexia Foundation (hereinafter "SDF") to conduct testing and educational screening as deemed necessary to determine eligibility of the named student for tutoring.

Furthermore, I understand and agree as follows:

1. Tutors are volunteers trained by SDF. If I am dissatisfied with an assigned volunteer tutor, I may address my concerns with the Chief Operating Officer of SDF at any time;
2. It is my responsibility to provide transportation to and from the location designated for tutoring sessions;
3. SDF does not encourage meetings of tutors and students outside of the sessions scheduled by and through the foundation. Any meeting of a student and volunteer tutor not scheduled through SDF is not deemed to be sponsored by or affiliated with SDF;
4. A minimum of 60 scheduled hours of tutoring is required. Barring unforeseen circumstances, should a student miss more than one scheduled tutoring session in a five-week period, the missed session shall be counted against the 60 hours;
5. In order to monitor the student's progress, SDF requires pre- and post-tutoring assessments. In addition, an interim assessment must be scheduled after the student's completion of 60 hours to determine whether additional tutoring is recommended; however, no student is eligible to receive more than 100 total hours of tutoring. The parent/guardian of a minor student shall be responsible for scheduling the final assessment for the student once tutoring is discontinued; adult students shall be responsible for scheduling their final assessments.

6. As part of SDF follow-up procedures, I may be contacted by a representative of SDF after tutoring is concluded. The purpose of the contact is to gain information regarding post-tutoring progress. I agree to provide a status, if requested.

I hereby waive and release any and all claims against Sinkinson Dyslexia Foundation, members of its Board of Directors, employees, tutors, volunteers, independent contractors and affiliates, for any injury suffered by me or my child in connection with participation in tutoring sessions or SDF events and activities.

Signature of Student or Child's Parent/Guardian

Date

Address

Telephone Number

City/State/Zip Code

Email Address

Emergency Contact Name

Emergency Contact Telephone
Number