



Sacramento County District Attorney's Office

THIEN HO

District Attorney

PARENT/GUARDIAN STATEMENT OF CONSENT

I hereby give consent to the Sacramento County District Attorney's Office for my child to participate in the Youth Academy (YA). I understand that my child will be under the supervision of designated employees from the participating county and state agencies.

I understand and agree that the program will be held in person this year, at City of Elk Grove – District56, 8230 Civic Center Drive, Elk Grove, CA 95757 and during the course of the program the students may be photographed or videoed for use on the District Attorney's website and social media sites to promote and publicize this and other programs.

I have also reviewed the "Code of Conduct" below with my child.

Parent Contact Information

Name: _____ Relationship: _____ Phone: _____

This consent is for: _____
Student's Name (Print)

Authorized by: _____
Signature of parent/guardian **Date**



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CODE OF CONDUCT

Participants of the Youth Academy are expected to:

- Follow instructions given.
- Be respectful of all District Attorney Personnel, guest speakers, and fellow students.
- Refrain from using your phone throughout the program, except during designated breaks or if there is an emergency.
- Refrain from wearing any earbuds, such as Air Pods or headphones, during the sessions.

***Failure to follow the established guidelines may result in your dismissal from the program.**

I, _____, agree to participate in the Youth Academy,
PRINT STUDENT NAME

and adhere to the above-mentioned guidelines.

STUDENT SIGNATURE

DATE

Please email this completed form to: youthprograms@sacda.org or call **916.874.5251.**