



KAPPA ALPHA PSI FRATERNITY INC.
ST. LOUIS ALUMNI CHAPTER
GUIDE RIGHT PROGRAM



PARENTAL ACKNOWLEDGMENT

I hereby give my permission for my son to participate in the St. Louis Alumni Guide Right/ Kappa League Program. I understand that the St. Louis Alumni Chapter of Kappa Alpha Psi is not responsible for personal injuries or loss of property. I understand that my child is free to leave the program at any time. I agree to immediately update this application when any of the information changes.

PARENTAL / GUARDIAN SIGNATURE _____

DATE _____

PARENTAL / GUARDIAN SIGNATURE _____

DATE _____