



Parent Consent Form

Please print this form, complete and sign where indicated. Upon completion, please scan and email to barbizonofpa@gmail.com . Should you have any questions please call 1-888-245-7718.

Your Child

First Name:

Last Name:

Age:

Sex:

Parent

First Name:

Last Name:

Address:

City:

State:

Zip Code

Country:

Phone:

Email Address:

Briefly tell us how we can help your child reach his / her modeling or personal development potential:

Parent Signature _____