



Member Data & Permission Form

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Sex: Male _____ Female _____
Grade: _____ Birthdate: _____
CTE Classes: _____
Phone #: _____ Cell#: _____
E-mail (optional): _____
Fall Schedule:
1st
2nd
3rd
4th
Spring Schedule:
1st
2nd
3rd
4th

SkillsUSA Member Photo Release

I _____ guardian of _____,
hereby give Lincoln County High SkillsUSA permission to use photographs of my child
and my child's name on their website.

Signed: _____ Date: _____

I am over 18 and can sign for myself. Signed: _____ Date: _____

SkillsUSA E-mail Release

I _____ guardian of _____
give permission for my child to have a school monitored e-mail account thru
gaggletn.com. I understand that this e-mail account is to be used for chapter/school
business.

Signed: _____ Date: _____