

# Youth Advisory Council

## Consent Form for Atlanta Capitol Thursday, February 5, 2026

Name of Student: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

I, \_\_\_\_\_ the parent/guardian  
of the above stated student, do hereby consent to my child attending  
Atlanta Capitol, Thursday, February 5, 2026.

Students will meet no later than 7:00 am at the City Service Center. We will  
return back to the City Services Center at 5:00 pm.

Please be punctual for all departures and pick-ups.

**Please return form no later than January 29, 2026!**

**No Exceptions!**

**E-mail –[hollis.teasha@columbusga.org](mailto:hollis.teasha@columbusga.org)**

**or**

**Drop off at the next YAC meeting**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date