



The National Youth Division
Of the
National Association of Negro Business and
Professional Women's Clubs, Inc.

PARENTAL/GUARDIAN CONSENT FORM

Complete one per youth: Form Available at: www.nanbpwc.org

Club		District			
Title of Youth Activity/Event:					
Youth member's Last Name		Youth member's First Name		Youth member's Middle Name	
Address		City		State	Zip
Telephone		E-Mail			
Age	Date of Birth	Height	Weight	Hair Color	Eye Color
Parent/Guardian's Name(s)			Address if different from above		
Emergency Day Phone		Emergency Evening Phone		Other:	
Alternate [Relative-Name & Phone]			Alternate [Close Friend Name & Phone]		

PARTICIPATION: I hereby give the above named youth member permission to participate in the above named event and assume responsibility for transportation to and from the event either by: payment conveyance. Are there any restrictions that will limit your child's participation? No Yes [List on back] I and anyone entitled to act on my behalf, waive and release the NANBPWC, INC. (district, local, subdivisions thereof, their agents, employees, chaperones, representatives and successors) from all claims or liabilities of any kind arising out of or of my child/ward's participation in this organization including those which arise out of negligence of the above named club/district or carelessness of my child.

PUBLICITY: I give my consent for the above named club/district to use my child's name, photograph, videotape, digital recordings and any likeness in any legitimate media form and type publication, including annual reports, newsletters, and website and grant to the above named club/district any and all rights to said use without compensation.

MEDICAL: It is understood that this release is only valid if my child's life or well-being is at stake, and authorities are unable, or time does not permit contacting of me or my designee for permission prior to necessary treatment or action. Should an accident or illness require medical attention from a physician or hospital, I hereby grant permission for the above named club/district to obtain any medical treatment necessary for my child. I understand that in the case of such emergency, however my child will be treated as best as possible until I or an alternate designated person is contacted.

My child has the following physical problems, or allergies to drugs, etc.		
My child is presently taking the following medications:		
Name of medical insurance company	Address of insurance company	Telephone
Name of policy-holder and insured	Policy Number [ff group also name employer]	

My signature on this document indicates that I have read, completed and agree with the above, and grant my permission for my child to participate with the above named club/district in the activity described in this document.

I am the parent, one of the parents or guardian with whom the above child/ward resides and have legal custody.

Parent/Guardian Signature _____ Date _____
_____ Date _____

(Notary) _____ County of _____, State of _____ Commission Expires: _____