



## Parental Consent Form

**“Build Skills. Lead Strong. Shape Tomorrow.”**

**Purpose:** This form grants parental or legal guardian consent for youth to participate in Next Path Alliance programs, including mentorship, workshops, activities, and events. The safety and well-being of each participant is our top priority.

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### Participant Information:

Youth's Full Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

T-Shirt Size ☐ Youth S ☐ Youth M ☐ Youth L ☐ Adult S ☐ Adult M ☐ Adult L

### Parent/Guardian Information:

Full Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Contact Method: ☐ Phone ☐ Email ☐ Text

### Program Participation:

I give permission for my child to participate in the following Next Path Alliance programs:

- ☐ Mentorship & Leadership Development
- ☐ Career & College Readiness
- ☐ Personal Growth & Life Skills
- ☐ Sports Program
- ☐ Community Events & Volunteer Projects
- ☐ Entrepreneurship & Innovation Hub

**Health & Emergency Information:**

Does the participant have any allergies? ☐ Yes ☐ No

- If yes, please list: \_\_\_\_\_

Does the participant have any medical conditions or injuries we should be aware of?

☐ Yes ☐ No

- If yes, please describe: \_\_\_\_\_

Is the participant currently taking any medication? ☐ Yes ☐ No

- If yes, please list: \_\_\_\_\_

Primary Physician's Name: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Media Consent:** ☐ I give permission for my child's photo/video to be taken and used for marketing and promotional purposes. ☐ I do NOT give permission for my child's photo/video to be taken.

**Code of Conduct Agreement:** I acknowledge that my child must abide by the Next Path Alliance Code of Conduct, treating others with respect, participating safely, and upholding community values.

**Liability Waiver:** I understand that while safety measures are in place, participation in any program involves some risk. I hereby release and hold harmless Next Path Alliance and its staff, volunteers, and partners from any liability or claims arising from my child's participation.

Parent/Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_

Thank you for trusting Next Path Alliance with your child's growth and development.  
We are committed to empowering youth and fostering safe, inspiring experiences.