

CADCA Mid-Year Training Institute 2018 Parent/Guardian Consent Form

2018 CADCA Mid-year Training Institute
July 15-19, 2018 Gaylord Palms Hotel
6000 W. Osceola Parkway, Kissimmee, FL 34746
Statement of Informed Consent for Parents/Guardians

* Required

1. Email address *



This parent/guardian consent form is required for ALL youth attending CADCA's 2018 Mid-Year Training Institute. Community Anti-Drug Coalitions of America (CADCA) is a nonprofit organization headquartered in Alexandria, Virginia whose mission is to create and maintain safe, healthy and drug-free communities globally. MYTI consists of youth and adult training sessions aimed at making coalitions smarter, faster.

If you agree to have your child participate in this training, s/he will be expected to participate in a comprehensive training course with his/her adult advisor who has agreed to assume responsibility for him/her while traveling and during the event. No anticipated personal risks will occur as a result of participation in this training. All data obtained will be treated with the highest level of confidentiality.

The youth training offered is through CADCA's Youth Leadership Courses. CADCA's Youth Leadership Courses enhances the effectiveness of youth and their coalition advisor within community coalitions. It empowers thousands of young people yearly to get involved in the community problem-solving process to the development of safe, healthy and drug free communities.

Photograph/Video Waiver

By submitting this form, you give permission to CADCA to use photographs, videotapes, film and audio in which your youth appear as a participant for educational and publicity/promotional purposes for or related to CADCA's and/or the coalition's work. These can also be used by CADCA in published materials.

Permission for Medical Treatment

In the event of an emergency in which the parent/guardian cannot be contacted, emergency medical staff, the adult advisor(s) and CADCA may take appropriate action as needed.

General Release of Liability

The undersigned agrees to release, waive, discharge, and hold harmless CADCA, its directors, officers, employees, agents, and volunteers from any and all claims, suits, losses, or related causes of action for damages during or arising in any way from participation in this training event. You are being asked whether or not you will permit your child to participate in this training. If you wish to give permission to participate, and you agree with the statement below, please check the box below.

2. *

Check all that apply.

I understand the information provided in this form and give permission for my child to participate in this youth leadership training. I am 18 years of age or older. I have read and understand the above statements.

3. **Youth's Name (First & Last): ***

4. **Youth's Age: ***

5. **Youth's Date of Birth: ***

6. **Demographic Information of Youth (This allows us to better serve our coalitions, please check all that apply) ***

Check all that apply.

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- White
- LGBTQ
- Military
- Other

7. **If checked "other", please provide your demographic information below:**

8. **Course Youth is Attending: ***

Mark only one oval.

- CADCA Youth Leadership Key Essentials
- CADCA Youth Leadership Key Essentials - Advanced (Please reach out to youth@cadca.org)
- Adult Workshops

Signatures

The "digital signatures" to be provided below are not actual written signatures, however they are held to the same standards and legality as an official signing. Simply type the requested name into the required space.

9. *

Check all that apply.

I understand that, in this document, typing a digital signature below holds the same standards and legality as an official signing.

10. **Parent/Guardian Signature: ***

11. **Primary Phone Number: ***

12. **Secondary Phone Number:**

13. **Email Address: ***

14. **Home Address: ***

15. **City: ***

16. **State: ***

17. **Zip Code: ***

18. **On-Site Adult Advisor Name: ***

19. **On-site Adult Advisor Cell Phone Number: ***

20. **On-site Adult Advisor Email Address:** *

21. **Coalition Name:** *

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