



## CADCA's National Leadership Forum: Youth Leadership Summit Parent Consent Form

2018 National Leadership Forum  
February 5-8, 2018; Oxon Hill, MD

Please fill out the following form as best as you can for CADCA's Youth Leadership Summit.

\* Required

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

\_\_\_\_\_

2. Youth's Age: \*

\_\_\_\_\_

3. Youth's Date of Birth (mm/dd/yyyy): \*

\_\_\_\_\_

4. Youth's Email Address: \*

\_\_\_\_\_

5. Demographic Information of Youth: \*

Check all that apply.

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino

- White
- LGBTW
- Military
- Other

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

\_\_\_\_\_

7. Home Address: \*

\_\_\_\_\_

8. City, State: \*

\_\_\_\_\_

9. Zip Code: \*

\_\_\_\_\_

10. On-Site Adult Advisor Name:

\_\_\_\_\_

11. On-Site Adult Advisor Cell Phone  
Number:

\_\_\_\_\_

12. On-Site Adult Advisor Email  
Address:

\_\_\_\_\_

13. Coalition Name:

\_\_\_\_\_





## **Parent Consent Section Statement of Informed Consent for Parents/Guardians**

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This parent/guardian consent form is required for ALL youth attending CADCA's Youth Leadership Training in Oxon Hill, MD. 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. Our training sessions are aimed at making coalitions smarter, faster.

If you agree to have your child participate in this training, he/she will be expected to participate in a comprehensive training course with his/her adult adviser 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 CADCA's Youth Leadership Summit. This training enhances the effectiveness of youth and their coalition adviser 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.

***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.***

**Parent / Guardian Signature: \***

\_\_\_\_\_

**Date: \***

\_\_\_\_\_

**Emergency Contact:**

**Name:**

\_\_\_\_\_

**Relationship:**

\_\_\_\_\_

**Phone Number:**

\_\_\_\_\_