

Youth Mentoring Program

Parental Release Form

Participant Name

Date of Birth

Parent/Guardian Name

Phone Number

Email Address

Address

Emergency Contact Name

Emergency Contact Phone

Medical Conditions/Allergies

I hereby give permission for my child to participate in the Youth Mentoring Program. I authorize emergency medical treatment if necessary, and acknowledge that I have read and understood all risks associated with the program.

Parent/Guardian Signature

Date

--