

CADCA Mid-Year Training Institute 2022

Parent/Guardian Consent Form

2022 CADCA Mid-Year Training Institute

* Required

Email address *



This parent/guardian consent form is required for ALL youth attending CADCA's 2022 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 and faster.

If you agree to have your child participate in this training, they will be expected to participate in a comprehensive training course with their adult advisor who has agreed to assume responsibility for them while traveling and during the event. 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 enhance 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 for 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

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

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.

*

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.

Youth's Name (First & Last): *

Youth's Age: *

Youth's Date of Birth: *

Your Gender:

Male

Female

Non-binary

Prefer to self-describe:

Prefer not to answer

Race/Ethnicity of Youth (This allows us to better serve our coalitions, please check all that apply.)

Check all that apply.

Indigenous or Native American

Asian or Pacific Islander

Black or African Descent

Hispanic or Latinx/e

White

Two or more races

Other

Prefer Not to Answer

Please select all that apply. (This allows us to better serve our coalitions.)

Straight/Heterosexual

Gay/Lesbian

Bisexual

Queer

Asexual

Prefer to self-describe:

Prefer not to say

Course Youth is Attending: *

- CADCA NYAC Track
- 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.

*

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.

Parent/Guardian Signature: *

Primary Phone Number: *

Secondary Phone Number:

Email Address: *

Home Address: *

City: *

State: *

Zip Code: *

On-Site Adult Advisor Name: *

On-site Adult Advisor Cell Phone Number: *

On-site Adult Advisor Email Address: *

Coalition Name: *
