

2025-2026 3E - Educate, Enrich, Empower
Groups by Advocates for Families
PARTICIPANT PERMISSION AND REGISTRATION FORM

I give permission for (participant name) _____ my youth / ward to participate in the Empowerment Program as explained in the enclosed letter sponsored by Advocates for Families.

AGE: _____ Date of Birth: _____ Grade in School: _____

ADDRESS: _____

CITY: _____ ZIP: _____

COUNTY: _____ SCHOOL DISTRICT: _____

HOME PHONE: _____ PARENT CELL: _____ YOUTH CELL: _____

Parent/ Care Giver Name: _____

Parent/Care Giver Email Addresses: _____

Youth Email Address: _____

Please read and check those that apply

I give permission for the following to be contacted to alert him/her regarding my youth's participation in the program:

- School Guidance Counselor (must be checked)
- School Attendance Officer (must be checked)
- School/Court Liaison (must be checked)
- Probation officer _____
- Juvenile Court / Prosecutor's Office
- Counselor: _____
- Other: _____

Please read and check those that apply

- Texting for communication is permitted between the youth and the group facilitator
- Social Media for communication is permitted between the youth and the group facilitator
- Group Video conferences for communication between youth, group, and group facilitator

TRANSPORTATION

In most cases, students will already have preorganized transportation following a school day. Whether it be by school bus, being picked up by a parent or guardian, or by walking home. In the event of a group outing, meeting your youth for mentoring, or for groups that are after school, we want your youth to be safe traveling home. In these events, please indicate how you will arrange to get your youth home or any contingency plans that you wish. In unusual circumstances I am willing to transport your youth home if you have given written permission. ___ My youth has permission for an employee of Advocates for Families to drive him or her on an activity or for mentoring time.

___ My youth may walk home after a group or group activity.

___ I do not need any assistance with transportation, it is solely my youth's responsibility.

___ Only I or my designee, _____ will pick up my youth after each group outing or mentoring.

___ JUST IN CASE - In the event that NO transportation has arrived or safety is in jeopardy; 15 minutes after the activity's conclusion (designee driver forgot, inclement weather), and contact with parent has been attempted, I give permission for AFF staff to transport my youth to her/his home or other address listed below:

EmergencyContact: _____

Name	Relationship	Phone #
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I understand that the funding for the teen pregnancy prevention program may be from state or federal sources and any information regarding my participation and eligibility is subject to verification reviews, quality control reviews, programmatic reviews and audits. I understand and give my permission for the information provided in the group file and this registration to be verified, if required by the selected representatives of the funding source for the purpose named above. This information is held confidential.

Program Participant _____ Date _____

Parent / Guardian _____ Date _____

Group Leader _____ Date _____