



**GUARDIAN CONSENT FORM  
YOUTH AGES 9-13**

Dear Parent/Guardian,

We look forward to your child's involvement with YPI and appreciate your active support and advocacy for your child. To allow your child to participate in YPI's 13+under programs, please fill out and complete the below form and return it signed to YPI staff. Please note that youth who participate in the 13+under program are **not** permitted to sign themselves out of YPI, but must be signed out by a parent or guardian listed on this form; more information under policy section of this agreement. For any additional questions or concerns, please contact us at (401.421.5626) or [info@youthprideri.org](mailto:info@youthprideri.org).

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**YOUTH CONTACT INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION:**

**Parent/Guardian 1:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work/Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Note: Parent/Guardian 1 will be considered the primary Emergency Contact.

**Parent/Guardian 2:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work/Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_



**EMERGENCY MEDICAL INFORMATION & RELEASE**

Please provide 1 additional Emergency Contact known to your child who we may contact if unable to reach Parent/Guardian(s).

**Emergency Contact** (if parent/guardian(s) are unable to be reached):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to Family: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Known Youth Food Allergies/Reactions:**

**Known Health/Medical Youth Concerns:**

**Are there any restrictions or prohibitions against either parent or other adult regarding contact with the participating youth? If yes, identify the person, explain the restriction and provide a copy of any relevant court orders or documents.**

**Is there anything else you would like to share with us?**



By signing this agreement, I agree to \_\_\_\_\_  
(child's name)'s attendance and participation in YPI programs and services.

I understand that YPI's 13+under program is specifically for youth who have expressed questions or concerns regarding their sexual orientation and/or gender identity, or who identify as lesbian, gay bisexual, transgender, or questioning and who are ages 9-13. I agree to support my child's involvement in YPI. I agree to support my child's personal journey as they work to build positive and safe social networks, explore their personal identities, and develop themselves as proactive leaders among their peers.

I further understand that my/our child participates in YPI programs at our own risk, and I release and agree to hold harmless all YPI representatives for any and all claims or liability of any kind arising out of my/our child's participation in the program, even though that liability may arise out of negligence or carelessness on the part of YPI.

Signing this agreement does not release claims which are the result of gross negligence or willful or intentional misconduct.

I have fully informed myself/ourselves of the contents of this affirmation and release by reading it before signing it. This consent may be withdrawn at any time by contacting a member of our staff at (401.421.5626) or ([info@youthprideri.org](mailto:info@youthprideri.org)).

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Signature of Parent/Guardian 1

Date:

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Signature of Parent/Guardian 2

Date:



**OTHER WAIVERS/RELEASE:**

**Pickup Form**

Youth attending our 13 and under program must be signed out by a legal guardian or an adult authorized by their legal guardian, unless you choose to opt out of this policy.

My child is allowed to leave without an authorized adult’s signature (one of the adult’s listed above) \_\_\_\_

**or**

My child must be signed out by a legal guardian or an authorized adult \_\_\_\_

Authorized Pick-Up Guardian/Adult:

Guardian Name(s) \_\_\_\_\_ Phone Number \_\_\_\_\_

Guardian Name(s) \_\_\_\_\_ Phone Number \_\_\_\_\_

Other Authorized Adult(s) \_\_\_\_\_ Phone Number \_\_\_\_\_

Other Authorized Adult(s) \_\_\_\_\_ Phone Number \_\_\_\_\_

**Consent to Clinical/Counseling Services**

As the legal custodian/guardian of the participant named above, I am authorized to act on their behalf in making health care decisions. I understand that the youth at YPI may receive various types of services provided by YPI staff members, clinicians, interns and/or volunteers. These services include but are not limited to individual psychotherapy, group support and case management services. I understand that these services are available for free. Please review our policy regarding confidentiality and records in regards to these services.

I have read the above information. I understand them and provide consent for the youth to participate in and receive individual psychotherapy, group support, case management and other services at Youth Pride, Inc.

\_\_\_\_\_  
Signature of Parent/Guardian Date

**Consent to Photograph, Film, or Record a Participant for Non-Profit Use**

I hereby consent to the involvement in interviews, the use of quotes and the taking of photographs and videos of the participant named above. I also grant Youth Pride, Inc. the right to edit, use, and reuse said products for purposes including use in print, on the internet and all other forms of media. I understand that the purpose of this project is educational in nature and is designed mainly for the benefit of the program and its members. I also hereby release Youth Pride, Inc. and its agents and employees from all claims, demands and liabilities whatsoever in connection with the above. I waive proprietary rights on (my) child’s behalf to any or all reproduction and any distribution of the material.

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Signature of Youth Date