

***Daughters Of The Struggle*** – Parent/Guardian Participation Agreement  
  
**Parent/Guardian Information**  
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**Child’s Information**  
Participant’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Grade Level (Circle One): Elementary / Middle School  
School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**Permission to Participate**  
I, the undersigned, give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Participant’s Name), to join ***Daughters Of The Struggle***. I understand that the organization will provide opportunities for my child to engage in educational, social, and community activities.  
  
**Parent/Guardian Commitment**  
As a parent/guardian, I understand that my involvement is important to my child’s success and growth within the program. I agree to:  
• Encourage my child’s participation in activities and meetings.  
• Ensure that my child attends events and follows the organization’s guidelines and code of conduct.  
• Communicate with program staff when necessary for updates, concerns, or support.  
• Support my child’s involvement in community service or volunteer activities as directed by the program.

I understand that my active involvement will help strengthen the program and provide the best possible experience for my child.  
  
**Volunteer Opportunities**  
Would you be interested in volunteering or assisting in any of the following areas? (Please check all that apply)  
[ ] Event Planning / Coordination  
[ ] Mentoring/Supporting Girls in the Program  
[ ] Community Outreach  
[ ] Fundraising/Donations  
[ ] Administrative Support  
[ ] Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**Emergency and Health Information**  
In case of an emergency, I give permission for program staff to seek medical treatment for my child if necessary.  
Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Does your child have any medical conditions or allergies?  
Yes / No (Circle One)  
If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**Photo and Media Release**  
I hereby give permission for my child’s photograph, video, or voice recording to be used by [Organization Name] for marketing, social media, and promotional purposes. (Optional)  
[ ] Yes, I agree  
[ ] No, I do not agree  
  
**Parent/Guardian Signature**  
By signing below, I acknowledge that I have read and understand the terms of this agreement and give my consent for my child to participate in [Organization Name]. I also commit to being an active partner in the success of my child’s participation in this program.  
  
Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submission Instructions  
  
Please return this completed form to Daughters Of The Struggle.  
For any questions, contact us at 708.512.DOTS (3687) or

madottie@daughters-of-the-Struggle