

***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