



ALPHA PHI ALPHA  
FRATERNITY, INC.®  
2313 SAINT PAUL STREET  
BALTIMORE, MD 21218-5411

# PARENTAL CONSENT FORM

The Parental Consent Form is a form that parents or legal guardians of children must sign in order to allow children to participate in activities hosted by Alpha Phi Alpha Fraternity, Inc. All youth and guests (if applicable) under 21 years of age must have a signed form to participate in any activities under the guise of Alpha Phi Alpha Fraternity, Inc. It is recommended that parents/legal guardians keep a copy of the form and contact the activity leader in the event of any questions or in case emergency contact is needed. Additional copies of this form are available for download at [www.apa1906.net/forms](http://www.apa1906.net/forms).

## PARTICIPANT INFORMATION

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_ LAST NAME \_\_\_\_\_

GENDER  Male  Female  Other BIRTH DATE (month/day/year) \_\_/\_\_/\_\_\_\_ Age during Activity \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

My child has permission to participate in \_\_\_\_\_  
(Name of activity)

with the \_\_\_\_\_ Chapter of Alpha Phi Alpha Fraternity, Inc. from \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

## HOLD HARMLESS AGREEMENT

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Alpha Phi Alpha Fraternity, Inc., the chapter, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Area code and telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

## Host Chapter Information (Completed by Event Leader)

Received by \_\_\_\_\_ Date (month/day/year) \_\_/\_\_/\_\_\_\_