



## PAL Renaissance Mentoring: Parent /Guardian Consent Form

I, (name of Parent/Guardian) \_\_\_\_\_, hereby give my permission for my child, \_\_\_\_\_, to participate in the NPAL Mentoring program at the \_\_\_\_\_ (Club/center).

I fully understand that the program involves mentors, who shall be selected from the community, and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will spend an average of one hour per week with my child on-site at the Club/center in a small group mentoring program. The mentor is not allowed to take or meet with my child beyond the place designated by the Club/center.

I understand that my child will participate in an orientation session in which the program will be explained. The program will last one year and continuation will then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club/center will provide ongoing monitoring of the mentoring activities. I understand that the Club/center staff request permission to obtain my child's academic/attendance records so they can better evaluate the program's impact.

- Yes**, I give the Club/center's NPAL Mentoring Program Coordinator permission to obtain my child's academic/attendance records from my child's school.
- No**, I do not give permission for records to be obtained.
- Yes**, I hereby grant to the \_\_\_\_\_ Club/center and National PAL the right to use the photo and/or other digital reproduction of my child, \_\_\_\_\_, or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the internet and waive all rights of compensation.
- No**, I do not give permission for my child to be photographed.

---

**Signature of Parent or Legal Guardian**

**Date**

---

**Printed Name of Parent or Legal Guardian**