Forward Franklin

Building Community. Inspiring Health.

Parent Consent Form: September 2019 – August 2020

I give permission for my child/teen, _____, to participate in the Forward Franklin Alliance (FFA) Youth Affinity Group (YAG). The FFA is a group of community members and local organizations that seek to improve the health and well-being of the Franklin community. The YAG is comprised of youth ages 9 to 17 who reside in Franklin and the purpose of the group is to ensure that the youth of Franklin have a voice in the FFA. Meetings are scheduled for the 4th Friday of the month from 2:30-3:30pm at the Franklin Borough School. We do our best to schedule meetings at times that work best for participants. Please contact the Forward Franklin Alliance at forwardfranklinalliance@gmail.com with any questions.

Youth Information

Youth's Name: _____ Age: _____

School Currently Attending: _____

Youth's Email (if applicable): _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Alternate Emergency Contact Name: _____

Home Phone: _____ Cell Phone: _____

Meeting Preferences:

☐ After school at Franklin Borough School ☐ Evening (days/times): _____

❑ I GRANT permission for my child's photo/image/video and name to be utilized by the Forward, Franklin Alliance for public relations or commercial purposes across all media.

❑ I DO NOT GRANT permission for the name and/or photo/image/video that includes my child to be utilized by the Forward, Franklin Alliance for public relations or commercial purposes across all media.

Parent/Guardian Signature: _____ Date: _____

Please complete and return this form to the Forward Franklin Alliance, forwardfranklinalliance@gmail.com or the Franklin Borough School office.