



# Teens With a Purpose

## THE MOVEMENT

Changing the World One Teen at a Time!

VIVIAN C MASON ARTS & TECHNOLOGY CENTER FOR TEENS | 700 E OLNEY ROAD, NORFOLK, VA 23504 | 757-747-2679 | [info@twpthemovement.org](mailto:info@twpthemovement.org)

### TWP AGREEMENT & PERMISSION FORM

I am the parent or guardian of \_\_\_\_\_. I give my consent that he/she can participate in the TWP-The Youth Movement program run in collaborative partnership with the organizations mentioned below.

Youth's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_

Ethnicity: African American: \_\_\_ Hispanic: \_\_\_ Asian: \_\_\_ Caucasian: \_\_\_ Native American: \_\_\_ Other: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Youth Phone Number: \_\_\_\_\_ Youth Email: \_\_\_\_\_

\_\_\_\_ (initials) I understand that my child will participate in pre-planned meetings/practices, Open-Mics, educational forums and workshops, community events and social events at TWP headquarters, collaborative partner organizations locations and at off-site locations. We address: HIV/STI prevention and awareness, bullying, promoting healthy life choices, increased literacy, distracted driving as well as other social and health issues.

\_\_\_\_ (initials) I understand that the nature and purpose of any photographs taken will be in regards to "TWP-The Youth Movement" and not any other program.

\_\_\_\_ (initials) I understand that the people who serve as guides in our program are adult staff/volunteers who have been carefully screened by the organization.

\_\_\_\_ (initials) I understand that there may be instances whereby adult staff/volunteers are driving my child to assorted events or supervising my child in various activities.

\_\_\_\_\_  
Youth Print Name Above:

\_\_\_\_\_  
Parent Print Name above:

\_\_\_\_\_  
Youth Participant's Signature

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

I agree to allow my child to be photographed  
Yes \_\_\_\_\_ No \_\_\_\_\_

*Please complete second page of application, see other side*



Collaborative Partners:



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## PARENTAL CONSENT FOR TREATMENT

Please list any medical concerns, behavioral issues and/or information that you may wish to pass on to EMS or Hospital staff in case of an emergency including medications. If none apply please write "none".

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**Anyone with severe allergies (i.e. food, plant, or insect) must bring their own medication and be able to self-administer it!**

**Acknowledgment of Risks/Medical Treatment Permission:** In consideration of my participation in the activity and/or facilities provided by and through TWP-The Youth Movement, also known as Teens With a Purpose. I, for myself or on behalf of the participant who I represent, authorize Teens With a Purpose; and/or affiliate staff to take and provide all necessary medical attention should I, or the participant who I represent, be injured while participating or being transported to or from any Teens With a Purpose-sponsored activity and/or facility. I acknowledge and assume the risks and responsibilities involved in these activities and/or in participating at these facilities. I assume these risks realizing the capabilities of the person(s) participating. I have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

By affixing signatures below, this indicates that I (and/or the participant who I represent) have read, understand and agree with the terms and conditions for participating in this program:

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Applicant Signature Guardian signature (if applicant is under age 18) \_\_\_\_\_ Date \_\_\_\_\_

**Staff Only – Initial and date when each task is complete.**

\_\_\_\_ TWP Member Directory \_\_\_\_ Constant Contact \_\_\_\_ Group Me \_\_\_\_ Initial Phone Call \_\_\_\_ Filed in Binder \_\_\_\_ KIK