NOT MY ADDICTION

Youth Program Participation Packet

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Please complete all sections prior to your child's participation in Not My Addiction youth programs and activities. This packet may be kept on file for program participation throughout the year.

1. Youth Participant Information

Participant Name: _____
Date of Birth: _____
Age: _____
Gender (optional): _____

2. Parent/Guardian Information

Parent/Guardian Name: _____
Relationship to Participant: _____
Phone: _____
Email: _____
Address: _____

3. Emergency Contact

Name: _____
Relationship: _____
Phone: _____

4. Medical & Dietary Information

Please list any allergies, dietary restrictions, medical conditions, or medications we should be aware of.

Allergies: _____

Dietary Restrictions: _____

Medical Conditions: _____

Medications: _____

5. Participation Consent & Liability Waiver

I give permission for my child to participate in Not My Addiction youth programs and activities. I understand that activities may include workshops, life skills classes, cultural activities, recreation, and supervised group programs. I acknowledge reasonable safety precautions will be followed and agree my child will follow all instructions and behave respectfully. I release and hold harmless Not My Addiction, its staff, volunteers, partners, and host sites from liability arising from normal participation.

Parent/Guardian Printed Name: _____

Signature: _____

Date: _____

6. Media Release

Please select one:

☐ I give permission for my child to be photographed/filmed for Not My Addiction program and outreach use.

☐ I do NOT give permission.

Parent/Guardian Signature: _____

Date: _____

7. Youth Behavior Agreement

I agree to participate respectfully, follow safety instructions, and contribute to a positive, inclusive, and supportive environment.

Participant Signature: _____

Date: _____

Thank you for helping us create a safe space for youth to learn, grow, and thrive.