**Men of Valor - Young Men’s Group Permission Slip**

**Participant’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Parent/Guardian Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Emergency Contact Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I, the parent/guardian of the above-named participant, give permission for my child to participate in Men of Valor, a Christian young men’s group focused on implementing Christian values, leadership, and personal growth.**

**Field Trip Permission**

I give permission for my child to attend field trips and off-site activities with Men of Valor. I understand that transportation may be provided by staff, volunteers, or third-party services, and I release Men of Valor and its leaders from any liability related to travel and participation in these events.

**Parent/Guardian Initials:** \_\_\_\_\_\_\_\_

**Christian Values Implementation**

I understand that Men of Valor is a faith-based group that incorporates biblical teachings, Christian values, and moral guidance into its activities.

**Parent/Guardian Initials:** \_\_\_\_\_\_\_\_

**Medical Information**

Does your child have any medical conditions we should be aware of? (asthma, diabetes, epilepsy, etc.)  
❏ No  
❏ Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies, including food allergies?  
❏ No  
❏ Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child currently on any medications?  
❏ No  
❏ Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Initials:** \_\_\_\_\_\_\_\_

**Behavioral Concerns**

Are there any behavioral issues or special accommodations we should be aware of to better support your child? ❏ No  
❏ Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Initials:** \_\_\_\_\_\_\_\_

**Liability Waiver & Consent**

I understand that Men of Valor and its leadership will take all reasonable precautions to ensure the safety and well-being of participants. However, I acknowledge that participation in any group activity involves a certain level of risk. By signing below, I release Men of Valor, its staff, volunteers, and associated organizations from any liability in the event of injury, illness, or accident that may occur during group meetings, field trips, or events.

I also grant permission for Men of Valor to seek emergency medical treatment for my child if I cannot be reached in a timely manner.

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Media Release (Optional)**

Men of Valor may take photos/videos of group activities for promotional or inspirational purposes. Do you grant permission for your child’s image to be used?  
❏ Yes  
❏ No

**Parent/Guardian Initials:** \_\_\_\_\_\_\_\_