



Parent / Legal Guardian Consent Form

What: A FREE program that includes workshops and discussions to help prevent sexually transmitted infections/diseases and teen pregnancy, while also promoting abstinence, healthy relationships, self-confidence, self-respect, and positive images.

Who: Young men and women ages 13 to 17

When: Saturday, May 16th 10:00 AM - 3:00 PM (Doors Open at 9:15 AM)

Where: Drexel University – New College Building
245 North 15th Street
Philadelphia, PA 19102

Organizers: Alpha Phi Alpha Fraternity, Inc. – Omicron Delta Lambda Chapter (Philadelphia, PA)
Alpha Kappa Alpha Sorority, Inc. – Rho Theta Omega Chapter (Philadelphia, PA)

My signature below grants permission for _____ (full name) to attend the event described above. I fully understand that during this program participants will discuss issues related to sex and sexuality, relationships, sexually transmitted infections & diseases (including HIV & AIDS), teen pregnancy, abstinence, virginity, and birth control including condoms and condom usage demonstration. I understand that there may also be media coverage of this event and my child may be photographed and/or appear in a news media production.

Parent / Legal Guardian Full Name (Print)

Phone Number

Signature

Date

This parent / legal guardian consent form will serve as an admission ticket.

Your child may not attend this event without this form.

Register on-line at: <http://projectalphaaka2015.eventbrite.com>