



Parent/Guardian Consent Form

Program: Sis Like Me Mentorship Program

Participant Information

Full Name: _____

Age: _____ Date of Birth: _____

School: _____

Parent/Guardian Information

Name: _____

Phone: _____

Email: _____

Consent & Acknowledgment

I give permission for my child to participate in the Sis Like Me Mentorship Program, a program under the Aja Takes Action Foundation Inc. I understand that this program provides mentorship, leadership development, educational sessions, community engagement, and group activities for girls ages 13–23.

I acknowledge that my child is expected to:

- Attend scheduled mentorship sessions and events
- Maintain respectful communication and behavior
- Follow all rules, guidelines, and expectations set by the program staff

I understand that program staff and mentors will provide supervision and guidance, but I also acknowledge that participation may involve transportation, group activities, and community events. I release the Aja Takes Action Foundation Inc. from liability for ordinary program activities and understand that photos/videos may be taken for program documentation and promotion.

Media Release (Initial One):

_____ I DO give permission for my child's photos/videos to be used.

_____ I DO NOT give permission for my child's photos/videos to be used.

Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Medical or Special Needs

Please list allergies, conditions, or accommodations needed:

Parent/Guardian Signature: _____

Date: _____

Participant Signature: _____

Date: _____