



Staten Island - National Council of Negro Women, Inc.  
Youth Council (NCNW-SIYC)  
**Parental Consent Form**

**Parental Consent/Photo Consent Release Form**

I am the parent or legal guardian of the child whose name appears below. I hereby give permission for such child to participate in programs sponsored by National Council of Negro Women, Inc. (NCNW) along with the Staten Island Section and its affiliates. I understand and agree with the mission of NCNW and that I am participating in this program voluntarily and at my own risk. I hereby agree to release and discharge NCNW, its directors, officers, employees, agents and assigns, including without limitation the volunteers who are conducting the program from any and all liabilities, suits, costs or expenses in any way relating to the participation of the child below in the activities of the National Council of Negro Women, Inc.

For valuable consideration, receipt of which is hereby acknowledged, I hereby permit the National Council of Negro Women, Inc. its affiliates, its employees, agents, successors and assigns ("NCNW") to take photographs of, \_\_\_\_\_ and I hereby consent to the use, reuse, publication and/or republication by NCNW of his/her name and likeness in any and all media throughout the world, without restriction as to frequency or duration of usage, for the purpose of promoting, publicizing and /or describing (i) the NCNW – Youth Council and/or (ii) the general efforts undertaken by NCNW in community service or social responsibility. I hereby authorize NCNW to make changes or alterations in any photographs, photographic prints, likenesses or reproductions, or additions thereto produced pursuant hereto in any manner and with whatever copy NCNW chooses.

NCNW shall be the absolute owner of any, and all photographs and other materials (and all rights therein, including the copyright) produced pursuant to this Consent and Release.

I have read this Consent and Release and am fully familiar with its contents, and I hereby grant my permission and consent to all of the foregoing.

I hereby give permission for such child to participate in the National Council of Negro Women, Inc. - Youth Council.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent or Legal Guardian (print) \_\_\_\_\_

Parent or Legal Guardian (signature) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_



# *National Council of Negro Women Staten Island Section*

## ***Youth Membership Application***

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_ **School** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_ **Parent's Contact** \_\_\_\_\_