

Teen Team Consent Form

Maricopa Be Awesome Teen Team

At this time: Wed 12:00-2:00 at the Be Awesome Teen Lounge located inside Maricopa Elementary School 18150 N. Altera Parkway Maricopa, AZ 85139, June 2023- July 2024

I hereby grant permission for my teen,	, to
attend with the Be Awesome Teen Team at the stated date and time. I understand	this event wi
my teen will be cared for by the be Awesome Staff and/or volunteers and other pa	arishes
participating in the event. In signing, I hold harmless and release Be Awesome and	all
participating sponsors and contractors of Be Awesome, and all individuals involved	of any
liability. In case of emergency, I understand that every effort will be made to conta	ct me. In the
event that I cannot be reached, I hereby give permission to take my teen to the ap	propriate
medical facility for treatment, and assume responsibility of all medical bills, if any.	

Parent/Guardian	Date
Parent/Guardian Contact Number	
Emergency Contact Name/Number	

Emergency Contact relationship to teen_____

Covenant Agreement

I,_____, agree to abide by the request made of me by the Adult chaperones at this event and will hereby conduct myself accordingly in a good manner.

My teen will listen and follow directives of the adults in charge. The adults will exercise good judgment as they have my teen's best interest and well-being in mind.

Parent/Guardian______ Date______ Date______

I, ______, hereby authorize The Maricopa Youth Center and the project sponsor to use, reproduce, and/or publish all written and/or visual material, including photographs that may pertain to materials, or for other related endeavors. This material may also appear on the agency or project sponsor's Internet Web Page. Consequently, the agency or project sponsor may publish materials, use name, or photograph. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

Call or text 520-428-7750 or email <u>pbehnke@beawesomeyouth.life</u> for questions.



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