

Youth Conservation Congress

Mentoring Program

Activity Consent Form for Parent/Legal Guardian and WCC Mentor

Wisconsin Youth Conservation Congress Participant:

First Name, Middle Initial, Last Name _____

Address _____

City, State, Zip Code _____

Birth date (month/day/year) ____/____/____ Age _____

Dates and locations of meetings YCC participant may attend with WCC mentor/sponsor:

WCC Mentor/Sponsor Contact Information:

First and Last Name _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Relationship to YWCC participant _____

Parent/Legal Guardian Emergency Contact Information: _____

_____ has indicated an interest in participating in the Wisconsin Youth Conservation Congress. Participation in the YCC is being done with the goal of developing and mentoring future conservation leaders. The parent and/or legal guardian (signed below) has given their permission for the minor to attend and participate in WCC functions such as study committee meetings, the Annual Convention, Spring Hearings, district meetings, and other WCC functions listed above. The minor will be accompanied by the WCC member, (signed below), who will act as his/ her mentor/sponsor throughout the YCC participant's term.

The minor has been given permission by the following parent or legal guardian as stated above, to attend and participate in Wisconsin Conservation Congress functions and be accompanied by _____, (WCC Mentor). As the WCC Mentor, I agree to be responsible for the transportation, safety, supplies and/or provisions necessary for the minor to participate in and attend WCC functions. I also understand that participation in this activity is entirely voluntary and requires participants to abide by any and all applicable rules and standards of conduct, to include the WCC Code of Procedures. Therefore, I will assure that the minor behaves in a proper, respectable, and safe manner.

WCC Mentor/Sponsor Printed Name _____

WCC Mentor Signature _____ **Date** _____

Parent/Legal Guardian Printed Name _____

Parent/Legal Guardian Signature _____ **Date** _____

I understand & agree to abide by all WCC Code of Procedures & be an active participant.

Youth WCC Participant Printed Name _____

Youth WCC Participant Signature _____ **Date** _____

Additional Comments/Concerns; (i.e. allergies, special accommodations, diet, etc.):

