



# UJIMA Life Skills Class and Workshop CONSENT FORM

Student name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Student ID Number: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ethnicity \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian 1 Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Parent/Guardian 2 Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency/Cell Phone (Parent/Guardian): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**By signing below, you agree to the following:**

- Our family would like to take advantage of UJIMA's Life Skills classes and workshops. I understand that this class will cover relevant issues of socialization, self-esteem, body image and functions, mass media; gender role stereotypes, healthy living; social interactions, drugs, tobacco and alcohol awareness, emotional well-being, domestic violence prevention, conflict resolution and more.
- I understand that on-campus classes are being offered to students through a collaboration of the campus Student Support Center, Eastside Union High School District, and UJIMA.
- I understand, this document gives the Ujima Staff consent to conduct one-on-one support services with students in academic support, conflict resolution, and social skills training.

**Hold Harmless Agreement**

- I understand that participation in the activity is entirely voluntary. I release Ujima Adult & Family Services, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment.

**Please Sign and return to UJIMA ASAP:**

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_, give permission for my child to participate in UJIMA's Life Skills classes and workshops on a rotating schedule (rotates between 2-6th period) 2-3 times a month in person. I understand the services UJIMA is offering on campus. I give permission for media release with the understanding that any photos, articles, student work, video footage, etc. from my child may be used for promotional materials only.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_