

# ALPHA PHI ALPHA FRATERNITY, INC.

## Beta Nu Lambda Chapter

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“Project Alpha Leadership Training”

### Parental Consent Form

Dear Parents/Guardians:

The Beta Nu Lambda Foundation, Inc., and the Brothers of Alpha Phi Alpha Fraternity, Inc., Beta Nu Lambda Chapter will be conducting “Project Alpha Leadership Training” at the Fretwell Building on the campus of University of North Carolina, Charlotte on April 17, 2010. The “Project Alpha Leadership Training” program is designed to instill positive and progressive attitudes that will benefit individuals, their communities and society as a whole.

“Project Alpha Leadership Training”, will give teens an opportunity to share intensive discussions and educational activities trained professionals. Workshops to be held will include talks on conflict resolution, career opportunities, male and female relationships, the prevention of drug and alcohol abuse, AIDS, and stress control. Males and females between the ages of 13 and 19 are invited to attend. Chaperons will accompany teen participants at all times. Fathers, mothers and/or extended family members (adults) are welcomed to accompany their son or daughter for the duration of the event.

No one will be admitted without this consent form . My signature below grants permission for my son/daughter to attend the “Project Alpha Leadership Training”, which is sponsored by the Beta Nu Lambda Foundation, Inc., Mecklenburg County Park and Recreation Department, March of Dimes, and Alpha Phi Alpha Fraternity, Inc. If transportation is necessary, I agree that my son/daughter will be transported to and from the designated facility and the listed sponsors cannot be held responsible for misplaces children. I fully understand that during the conference, participants will discuss issues related to sexuality and relationships, such as HIV/AIDS, other sexually transmitted diseases, teen pregnancy, abstinence/virginity and condom use.

\_\_\_\_\_  
Child’s Name (Print)

\_\_\_\_\_  
Parent’s/Guardian’s Name (Print)

\_\_\_\_\_  
Parent’s/Guardian’s Signature

\_\_\_\_\_  
Date