



Broken Men Foundation Youth Academy

101 Cowardin Ave, Suite 103 Richmond, Virginia 23224
(Located in the Manchester Medical Center)

brokenmenfoundation.org

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“Investing in the next generation of our youth, by leading by example, spending quality time, loving them unconditionally and mentoring them through their questions of daily life experiences.”
A Non-Profit Organization

Application and Consent Form

Child's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

School Currently Attending: _____

Other Student Activities/Organizations: _____

Indicate why you want your child to participate in the Mentoring Program: _____

Is there a specific life skill that you want your child to improve or learn: _____

Emergency Contact Information:

Parent/Guardian Name(s): _____

Parent/Guardian Phone(s): _____

Today our youth are faced with incredible pressures to be sexually active. Being aware of these pressures and challenges as well as the resulting physical, emotional, mental and social consequences of such activity, Broken Men Foundation Youth Academy has chosen to implement sex education as part of our curriculum. We will offer instruction relating to human sexuality to include the following topics:

- Abstinence until marriage
- Dating responsibilities and respect
- Male and Female reproductive systems
- Effective and assertive communication
- STD's and prevention
- Birth Control

All participants must have parental consent prior to participating in the sex education curriculum. Please mark the appropriate box below if you allow your child to participate.

_____ I **give** permission for my child to participate in the sex education curriculum.

_____ I **do not** give permission for my child to participate in the sex education curriculum.

I understand that BMFYA has been educated in facilitating events that adhere to COVID protocols within CDC guidelines. I am in favor of the mentoring goals that are being facilitated to reinforce positive relationships in school, at home, and in the community. **

_____ I **give** permission for my child to participate in in-person events.

_____ I **do not give** permission for my child to participate in in-person events.

By signing below, I agree to abide by the guidelines set forth by the program. I hereby give consent to all photographs, audio recording (if any) and/or video recordings taken of my child to be used in educational and promotional purposes only.

Parent Signature: _____ Date: _____

****** \$50 APPLICATION FEE (NON-REFUNDABLE) IS DUE UPON COMPLETION OF APPLICATION******