

GSC Master Guide Program



Consent for Minors to Participate in Cyberspace Workshops/Seminars

PLEASE NOTE: This document has been reviewed by the Master Guide Council and approved by the GSC Youth Department Director.

Name of Sponsoring Entity/Area Coordinator (_____).

Parental Permission Form for Minor's Online Participation in (_____) Dated for _____.

Name of Minor (print legibly): _____ Minor Grade Level: _____

Parent/Guardian Name: _____

Phone: () _____ (please circle - Home or Cell)

Contact Number #2: () _____ (please circle - Home or Cell)

Email Address _____

Address _____

Please check below to indicate the participation of minor identified above.

_____ I do give permission for the minor to participate in [_____] with the Sponsoring Entity.

_____ I do not give permission for the minor to participate in [_____] with the Sponsoring Entity. (If you choose for the minor NOT to participate in (Activity) _____) online at

ZOOM Channel _____, the minor will not be able to participate at all.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name Printed: _____

Further, I/we understand by agreeing to allow the minor to participate that the Online Activities identified above involve certain risks such as exposure to bullying, pornography, misappropriation of personal information and other risks associated with online activity. In addition, the Sponsoring Entity stated above cannot guarantee that participation in this online activity will not expose your hardware to viruses, and other malicious software or code-based tools. I/we still wish to proceed with the activities described herein I/we do so and assume all risk and understanding of the risks involved. I/we fully understand that the sponsoring organization cannot fully protect me, my child, or my computer systems, including software and hardware. Any technical support for my computer systems, the use of any software on my computer systems or accessed through the internet are my sole responsibility. I understand that supervision of what my child accesses online, the information they share, and any messages with volunteers, employees, other parents, and other minors are my responsibility. I agree to fully supervise all activities the minor participates in and to screen and assume responsibility for all messages my child sends and receives. *Child may have the opportunity to complete the task required under his/her own time and will meet the learning and criteria of expertise of the workshop. ***I have read and understand the foregoing.****

_____ Initials

Please return this form to erodriguez@gscsda.org; GSC Youth Department or to the Seminar Sponsor (put your email here) _____.
Scan and email as an attachment to Area Coordinator DOF@GMAIL.COM or wvazquez17@gmail.com one week before the **On Line activity** begins, dated for the _____ (date).

