

CBA Voices of Change Initiative

PARENT/GUARDIAN PERMISSION FORM



Application Deadline: September 2, 2025

Thank you for your interest in the CBA Voices of Change Initiative. This initiative is designed to help youth in grades 6-12 develop their leadership skills and use their voice to share their faith, advocate for justice, and serve their communities. Please complete the application below and submit all required materials by the deadline.

Instructions: This form must be completed, signed, and emailed to executive@cbacleveland.org by **September 2, 2025**.

Youth Participant Information:

- First Name: _____
- Last Name: _____
- Gender (*Select one*): ___ Male / ___ Female
- Age: _____ Grade (*Fall 2025*): _____

Youth Medical/Health Information:

To ensure the safety and well-being of all participants, we kindly ask parents or guardians to provide accurate and complete medical or health information for their child. This information will help us accommodate any specific needs, administer appropriate care in case of an emergency, and ensure a safe environment during all program activities. Please include details about allergies, medications, medical conditions, or any other relevant health considerations.

Parent/Guardian Information:

- First Name: _____ Last Name: _____
- Relationship to Participant: _____
- Phone Number: _____
- Email Address: _____
- Mailing Address (if different from participant): _____

Additional Parent/Guardian Information (*optional*):

- First Name: _____ Last Name: _____
 - Relationship to Participant: _____
 - Phone Number: _____
 - Email Address: _____
 - Mailing Address (if different from participant): _____
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PERMISSION AND PARTICIPATION AGREEMENT:

I, the undersigned parent/guardian, give permission for my child to participate in the Voices of Change Initiative organized by the Cleveland Baptist Association. I understand that this program includes both virtual and in-person sessions outlined below.

I understand that my child is expected to fully participate in the CBA Voices of Change Initiative with a spirit of excellence, integrity, and Christian character. This includes:

Demonstrating Christlike behavior in words, actions, and attitudes at all times.

Showing respect for all staff, facilitators, fellow participants, and spaces where events are held.

Being punctual and attending all scheduled meetings, training sessions, and retreat activities in their entirety. Most of the meetings will be virtual. Two will be in person.

- Session 1: Saturday, September 6th (10:00 am - 12:00 pm ET)
- Session 2: Saturday, October 4th (10:00 am - 12:00 pm ET)
- Session 3: Saturday, November 1st (10:00 am - 12:00 pm ET)
- Session 4: TBD
- Session Wrap Up: Saturday, December 6th (10:00 am - 12:00 pm ET)
- Voices of Change Showcase (in person) (date, time, and location, TBD)

Actively listening and engaging without unnecessary distractions (e.g., silencing phones, avoiding multitasking during sessions).

Being fully present—mentally, emotionally, and spiritually—during each aspect of the program.

Contributing positively to discussions, group work, and service activities.

Following all guidelines and expectations shared by program leaders for safety, learning, mutual respect, and community values.

☐ I acknowledge that the CBA reserves the right to remove a participant from the program for any actions that violate the behavioral or participation agreement.

PHOTO/VIDEO RELEASE:

☐ I give permission for the image, voice, and/or likeness of my child to be photographed, recorded, and used by the Cleveland Baptist Association for educational, promotional, or informational purposes in print, digital, video, or social media formats, without compensation. I understand that CBA will use discretion and respect in how these materials are shared publicly.

ACKNOWLEDGEMENT & SIGNATURE:

☐ By signing below, I confirm that I have read and understood this agreement. I acknowledge that I am the legal parent/guardian of the youth named above and grant permission for their participation in this program.

Signature of Participant: _____

Printed Name: _____ Date: _____

Signature of Parent/Guardian: _____

Printed Name: _____ Date: _____

Signature of Additional Parent/Guardian: _____

Printed Name: _____ Date: _____

Fill out, sign and upload this form as part of the participant application by September 2, 2025. Please send questions to:
executive@cbacleveland.org.

