



Southern New England Conference of the Seventh-day Adventist  
Adventist Youth Ministries Department  
34 Sawyer St | PO Box 1169 | So. Lancaster, MA 01561  
**RELEASE FOR ONLINE CLUB MEETINGS**

I hereby consent for \_\_\_\_\_  
Child's Name  
to participate from the virtual Adventurer/Pathfinder/Master Guide/MCC virtual meeting that will  
Please select one  
be hosted by the \_\_\_\_\_.  
Church and Club Name

I understand that my child will actively participate from club meetings and activities, and that the information collected is needed for class progress, reporting to my child's club and to SNEC. This consent form covers all forms of distance learning courses, included but not limited to satellite courses, video courses, and web-based courses. Your child's image may be transmitted during video portions of virtual meetings. The information supplied to the club and/or Southern New England Conference may include, but is not be limited to: child's name, address, phone number, age, gender, school name, student grade in school, student email address, student progress and grade in course/s.

This consent will be in effect from: \_\_\_\_\_ to \_\_\_\_\_  
Start Date End Date

Parent/Guardian's Name(print): \_\_\_\_\_

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

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

Parent/Guardian's Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

f I cannot be reached, please call \_\_\_\_\_  
Printed Name of Emergency Contact Person  
at \_\_\_\_\_  
Phone Number(s)

*This permission will remain in effect until the date of this event has passed, or it is revoked in writing by parent/legal guardian.*