



Alpha Phi Alpha Fraternity, Inc.
Omicron Rho Lambda Chapter
Key # 627
P.O. Box 821544
Vicksburg, MS 39182
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PARENTAL CONSENT FORM



Dear Parents/Guardians:

Project Alpha is a conference held by Alpha Phi Alpha Fraternity, Inc. The conference provides an environment where young males can learn about sexuality, manhood and relationship issues. Young males will receive information and problem-solving skills and share their own experiences in an all-male setting.

The brothers of Alpha Phi Alpha facilitate the conference. During the conference, participants will receive information on HIV/AIDS, other sexually transmitted diseases, teen pregnancy, abstinence/virginity, and condom use. Due to the sensitive nature of the content, all conference participants under the age of 18 need the consent of their parents or guardians to attend the conference.

PARTICIPANT INFORMATION

FIRST NAME _____ MIDDLE INITIAL ____ LAST NAME _____

GENDER Male Female Other BIRTH DATE (month/day/year) __/__/____ Age during Activity ____

Address _____

City _____ State _____ Zip _____

My child has permission to participate in Project Alpha Conference with the Omicron Rho Lambda Chapter of
 (Name of activity)

Alpha Phi Alpha Fraternity, Inc. from _____ to _____.
 (Date) (Date)

No one will be admitted to the conference without this completed consent form. This form should be brought to the conference.

My signature below grants permission for my son to attend the Project Alpha Conference sponsored by the March of Dimes and Alpha Phi Alpha Fraternity, Inc. If transportation is necessary, I agree that my son can ride in vehicles owned or rented by Alpha brothers. 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.

Participant's signature _____ Date _____

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____

Area code and telephone number _____ Email _____

Host Chapter Information (Completed by Event Leader)

Received by _____ Date (month/day/year) ____/____/____