

## - Mentor's Guide-

### STUDENT ENROLLMENT & PARENTAL CONSENT

If student is less than 18 years of age, this form is required.

<b>Parent's/Guardian's Name:</b>	<b>Student's Name:</b>
<b>Home Address:</b>	<b>Student's DOB:</b>
<b>City, State ZIP:</b>	<b>Parent's Place of Employment:</b>
<b>Home Phone: Work Phone: Cell Phone:</b>	<b>Best Time to Call:</b>
<b>Email:</b>	<b>List any known allergies and/or medical conditions of the Student:</b>

**NOTE:** The Quality Deer Management Association strongly encourages parents/guardians to participate in this program with their children.

#### PARENTAL CONSENT

I am the legal guardian of the above child. I give permission for my child to be involved in the Quality Deer Management Association's Mentored Hunting Program. I understand the QDMA requires a criminal background check and sex offender registry check for mentors and has taken all reasonable measures to ensure the safety of my child. I realize the QDMA will not accept mentor applicants that meet any of the following criteria:

- Failure to complete the screening process.
- History of sexual abuse of children.
- Conviction for any crime in which children were involved.
- History of violence or sexually exploitive behavior.
- Termination from paid or volunteer position caused by misconduct with a child.
- Any felony conviction and/or incarceration within the last 5 years.

While the Quality Deer Management Association has gone to every reasonable length to recruit qualified mentors and develop a safe program for my child, I understand there are some inherent risks involved with any outdoors program including but not limited to firearms, ATVs, treestands, and transportation by a mentor, and I do not hold the Quality Deer Management Association liable for circumstances outside of their control. I agree to support my child's involvement and to immediately report any concerns I might have to the Quality Deer Management Association's national staff. I also realize that it will be my responsibility to inform my child's mentor of new medical situations, new emergency numbers, and other changes necessary for the safety of my child.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_