

Parent/Guardian Consent Form

BGCA recommends that before you begin any of the components of the SMART Moves Suite, you receive parent or guardian permission for youth to participate in the program. Please see the following sample consent form.

These following letters are intended to seek permission from parents, guardians and other caregivers for their children to participate in social-emotional development and health promotion programming, and to encourage their support of your endeavors. First, determine whether to use the English or Spanish-language version of the consent form. Then, simply replace the text in parentheses at the top of the page with your Club's information, print copies on Club letterhead, and distribute to your members' parents or guardians. Ask youth to return signed forms before the program begins.

SMART Moves Parent/Guardian Consent Form

(Your name)

(Club name)

(Street address)

(City, State ZIP)

The _____ will soon be implementing sessions of the SMART Moves program, and we would like your permission for your child to participate. This program is has three parts, described below:

(Insert your Club's name here)

- SMART Moves: Emotional Wellness – Builds the abilities of youth to identify their emotions and self-regulate when they're feeling strong emotions by using coping strategies such a meditation, deep breathing and positive self-talk.
- SMART Moves: Core – Builds the abilities of youth to communicate effectively, make healthy decisions and refuse to engage in unhealthy behaviors.
- SMART Moves Modules – The content in the various modules will dive specifically into knowledge, attitudes and skills that support the prevention of specific unhealthy behaviors. The modules that will be used in this program are:

(Insert modules here)

Note that your young person may wish to talk with you about some of the topics we'll address, including: identifying emotions, how to manage their emotions, their goals for the future, peer pressure, assertive communication, refusing unhealthy behaviors and healthy decision-making. Please let me know if you would like to review any content of the program in advance.

Please sign below where indicated and return this letter to me by _____ to secure your young person's place in this important program. Should you have any questions, I can be contacted at the number below. We thank you for your time and your support.

(Insert date)

Sincerely,

(Your name here)

(Your phone number here)

(Child's name) has my permission to participate in the SMART Moves program.

Signed: _____ Dated: _____

Carta de Consentimiento del Padre de Familia/Guardián para el Programa SMART Moves

(Your name)

(Club name)

(Street address)

(City, State ZIP)

El _____ (Insert your Club's name here) implementará lecciones del programa SMART Moves, y nos gustaría obtener su permiso para que su hijo/a participe. El programa tiene tres partes:

- SMART Moves: Emotional Wellness - Este es un programa que promueve el bienestar emocional. Los niños y jóvenes desarrollarán la capacidad para identificar sus emociones/sentimientos y manejarse cuando sienten emociones intensas. Aprenderán estrategias para manejar sus emociones como practicar la meditación, la respiración profunda, y hablar con su yo interior con una actitud mental positiva.
- SMART Moves: Core - Los niños y jóvenes desarrollarán las capacidades para comunicarse efectivamente, tomar decisiones positivas y saludables, y rechazar los comportamientos insalubres.
- SMART Moves Modules - El contenido de las unidades a las que se refieren a continuación se enfocarán en los conocimientos, las actitudes y las habilidades que contribuyen a la prevención de ciertos comportamientos insalubres. Las unidades que utilizaremos en este programa son: _____

(Insert modules here)

Es posible que su hijo/a desee conversar con usted sobre los temas que discutiremos, incluyendo: identificar sentimientos, manejar sus emociones, sus metas para el futuro, la presión social, la comunicación asertiva, rechazar los comportamientos insalubres, y tomar decisiones saludables. Por favor comuníquese conmigo si le gustaría revisar el contenido del programa antes de que empiece.

Para confirmar un espacio para su hijo/a en este programa importante, por favor firme abajo donde es indicado y devuelve este documento antes de _____. (Insert date) Si tiene preguntas, póngase en contacto conmigo usando el número telefónico proveído a continuación. ¡Gracias por su tiempo y apoyo!

Muy atentamente,

(Your name here)

(Your phone number here)

(Nombre de niño/a o joven) tiene mi permiso para participar en el programa SMART Moves.

Firma: _____ Fecha: _____