



# NVWG Youth Volunteer Parent/Guardian Consent Form

Volunteer Name \_\_\_\_\_

E-mail \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

E-mail \_\_\_\_\_

**Note to Youth Volunteers and Parents/Guardians:** The National Veterans Wheelchair Games (NVWG), as a rehabilitative sporting event, are an extension of VA health care offered in our medical centers and clinics. The staff, Veteran athletes, and volunteers participating in this event come from diverse backgrounds. Eligible Veterans are entitled to services offered by VA, even if they have had problematic incidents in their past - unless the law specifically disqualifies them. Our job is to provide care to Veterans *and* to protect our staff, Veteran athletes, and volunteers as that care is provided.

**Youth Volunteer:** I agree to adhere to the policies and procedures of the NVWG and to respect the confidentiality of information pertaining to the athletes and their involvement in this event. If a Veteran, staff member, volunteer, and/or visitor is abusive, makes inappropriate gestures, advances, or conversation, that is in a manner which makes me feel uncomfortable, I will immediately inform my event lead or a NVWG Volunteer Team Staff member. I confirm I have truthfully reported my vaccination status and accept the responsibility to protect myself and others by complying with the screening, testing, contact tracing, gathering, handwashing, and all other COVID-19 protocols required by the NVWG.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian:** The above named volunteer has my consent as parent/guardian to serve as a Youth Volunteer at the National Veterans Wheelchair Games. I have read the above agreement as signed by my child and understand their obligation to the event. I understand the requirements for my child to disclose their vaccination status, participate in screening, testing, contact tracing, and all other protocols required by the NVWG. I further give my consent for my child to receive emergency medical treatment if injured while volunteering.

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

Please print, sign (both volunteer and parent/guardian), and return this form to the NVWG Volunteer Staff at check-in. For any concerns or questions, contact the NVWG Volunteer Team at [NVWGVolunteers@va.gov](mailto:NVWGVolunteers@va.gov).