



Inner Wisconsin Coalition for Youth Parent Network Agreement

The Inner Wisconsin Coalition for Youth (IWCFY) Parent Network is a network of parents and community members that want to provide youth with a safe and friendly environment that is free from the influence of alcohol, tobacco and other illegal substances. Members who join the Parent Network believe in the power of modeling positive behaviors for young people and in providing a safe environment. Visit www.iwcfy.org for more information.

To join the IWCFY Parent Network, sign and return this agreement to: IWCFY Parent Agreement, UW-Extension Office, PO Box 8095, Wisconsin Rapids, WI 54494. Your contact information will be listed in the member directory. You will receive the password to access the parent directory on the Inner Wisconsin Coalition for Youth website. Guardians, extended family members and community members are also welcome to join.

Benefits of the Parent Network:

- Access to the member directory
- Opportunity to network with other parents
- Information about trends and issues facing youth
- A means to keep youth safe and accountable
- Access to community resources and other information

Members Agree to:

- Actively supervise youth gatherings
- Prohibit the possession or misuse of alcohol, tobacco or other drugs (including OTC and Rx drugs)
- Communicate with other parents
- Set age-appropriate family guidelines
- Secure weapons in the home
- Encourage responsible driving habits
- Monitor use of internet, phone and television

----- (cut here and return by mail) -----(cut here and return by mail) -----

I, as a responsible parent, give permission for my name, address, phone number(s) and email address to be listed in the IWCFY member directory of those who support this agreement. By signing below, I am agreeing to provide a safe home and to welcome communication with other parents.

PARENT NAME (print) _____ (signature) _____

and/or

PARENT NAME (print) _____ (signature) _____

ADDRESS (home) _____

EMAIL _____

PHONE (home) _____ (cell) _____

CHILD'S NAME **SCHOOL** **GRADE**

1. _____

2. _____

3. _____

I do not have a school age child but would still like to be a part of the network.

*IWCFY Parent Network membership is continuous throughout the child's school career.
You may opt out of the network early via email or phone.*