

United American Indian Involvement, Inc.  
Robert Sundance Family Wellness Center  
1125 West 6<sup>th</sup> Street, Suite 103  
Los Angeles, CA 90017  
Telephone No. 213.202.3970 / Fax No. 213.975.9255

## **WIND Program Youth Prevention and Early Intervention Services**

### **Consent to Participate**

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**Name of Participant: (Print)**

**Tribal Affiliation:**

**Birth Date:**

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**Current Address:**

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**Contact Number (Home/Cell):**

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**Emergency Contact Person and Number (Home/Cell):**

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### **Treatment Recovery Support Services & Other Optional Services**

**The participant (named above) and the authorized representative(s) authorize the WIND Program to provide recovery support service(s) and cultural activities: (please check services of interest)**

Field Trips/Outings, Recreation, Arts & Crafts \_\_\_\_\_

Building Healthy Lifestyle Workshops \_\_\_\_\_

Traditional Spiritual Adviser \_\_\_\_\_

Ceremonial Sweat Lodges \_\_\_\_\_

Pow-Wows \_\_\_\_\_

Teen Violence Prevention \_\_\_\_\_

Others (briefly describe): \_\_\_\_\_

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**The authorization will remain effective for a period of 12 months from the date signed, at which time it will become null and void. I may cancel this consent at any time.**

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**Client Signature:**

**Date:**

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**Parent/Legal Guardian Signature:**

**Date:**

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**Staff Signature:**

**Date:**

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