Leader's Guide

Parental Permission Letter

| Dear Parent or Guardian: |
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| This letter is to inform you that |
| is inviting your son to participate in <i>The Fight of Your Life: Living for God's Glory</i> , a 22-week in-depth discipleship study for young men. This Bible study was written to disciple young men one-on-one or in a small group setting of no more than 4-5 participants. |
| This study addresses struggles which young men from all walks of life are facing, whether personally or in their social circles, such as internet/phone/video game addiction, all forms of sexual activity, sexting, pornography, homosexuality/bisexuality/transgender, sexual abuse, media influence, drugs and alcohol, depression, anxiety, suicidal thoughts, occult/cult involvement, self-injury, STDs, pregnancy and abortion, all from a biblical perspective. |
| In particular, Part 2 , Lesson 8 – A Fight to Protect Love uses terms like vaginal sex, oral sex, anal sex, mutual masturbation, penis, vagina, semen, sperm, and vaginal secretions during a video teaching, and also in the listening guide that goes with the video. The reason for their use is that young men need to understand how STDs are transmitted through various sexual behaviors, many of which young men experiment with prior to vaginal sex. How can they be expected to walk in sexual purity if they do not understand what behaviors God asks them to abstain from until marriage? We do not use any graphic language or slang terms in this Bible study. If you are concerned about the content of this lesson, we encourage you to preview the Bible study as well as video #7 at www.healinghearts.org/foyl-media . Since this study is in spiral-bound format, it is possible to remove Lesson 8 completely until you feel your son is mature enough to learn about these topics according to God's Word. We have done everything possible to facilitate this study according to the needs and maturity level of your son. If you would like to accept our invitation for him to participate in The Fight of Your Life Bible study, please sign and date this form and return it by(date). |
| Sincerely, |
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| Parent/Guardian Signature Date |
| I want my son to participate in The Fight of Your Life Bible study. |
| I want my son to participate, but he will not be present for Part 2, Lesson 8. We will be teaching this at home. |
| Or, check this statement if you <u>do not</u> give permission for your son to participate: |
| L do not want my son to participate in The Fight of Your Life Rible study at this time |