



2019 TEEN LEADERSHIP CONFERENCE
Parent Consent Form

STUDENT AND PRIMARY CONTACT INFORMATION

Name of Student: _____ Date of Birth: _____ Age: _____

Name you prefer to be called (if different): _____ Cell Phone: _____

Name of School: _____ Grade: _____

T-Shirt Size (check one) Youth: XS SM MED LG Adult: SM MED LG XL XXL XXXL

Name of Parent/Guardian/Primary Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (___) _____ - _____ Cell Phone: (___) _____ - _____

Best way to contact you? (Please Check One) ()Home ()Cell ()Email: _____

EMERGENCY CONTACTS (Please provide one additional person, different from the parent or guardian listed above.)

Emergency Contact Name: _____

Relationship: _____

Home Phone: (___) _____ - _____ **Work/Cell Phone:** (___) _____ - _____

Do you, as Parent/Guardian; authorize any other person to sign your child in/out of the conference?

If yes, please add Authorize Person:

Name: _____ **Relationship** _____ **Phone** (___) _____ - _____

ALLERGIES / MEDICAL CONCERNS / MEDICATIONS: (attach additional information if needed)

SAFETY INFORMATION (Please list all known conditions so we can accommodate any special needs for your child):
needs):



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GENERAL PROGRAM POLICIES

Teens must follow conference policies and be willing to participate in all conference activities. Registration is on a first-come, first serve basis and space is limited. Conference participants must be picked up from the EXPO Center by 3:30pm on Saturday, August 3rd, 2019. Each student is held accountable for their actions and behaviors at all times. Individuals who repeatedly violate the conference rules, cause excessive distraction in the program, require disproportionate staff attention, supervision, and/or discipline, or show continued disrespect towards staff or other participants, will not be tolerated, and will be dismissed from the conference.

Please review the following and initial, sign and date below to indicate your permission:

_____ **MEDICAL RELEASE AND RELEASE OF LIABILITY:** I authorize the staff and volunteers the "Creating Your Own Path" Teen Leadership Conference to provide basic first aid or to call additional medical care on my child's behalf in the event of an emergency if I cannot be reached or when delay would be of an emergency if I cannot be reached or when delay would be dangerous to my child's health. I agree to relieve Regalettes, Inc., Sisters Involved In Linking Knowledge (SIILK), the City of Los Angeles, Department of Recreation and Parks and the EXPO Center facility. I hereby agree to indemnify, defend and hold harmless all the organizations mentioned above, the City of Los Angeles, and its officers, employees, agents and volunteers from and against any and all damages, injuries, loss, liability, charges and expenses in any way arising out of my (or my child's) participation in this conference for which I register.

_____ **PARTICIPATION CONSENT:** My child, a minor has my permission to participate in the "Creating Your Own Path" 2019 Teen Leadership Conference and all activities and/or workshops. I understand the nature of the program workshops/activities and I am aware of the minor's experience and capabilities and believe my child to be qualified, in good health and in proper physical and emotional condition to participate in such activities

_____ **PHOTO RELEASE:** I authorize the Regalettes, Inc., SIILK and/or EXPO Center facility my permission to use photographs, video and/or auditory statements taken from me and/or my child during the conference for internal and external purposes including (but not limited to) press releases, websites, and publications. I also acknowledge that I will not receive any compensation for such use.

Parent/Guardian Signature: _____ Date: _____