

## 2016 STUDENT REGISTRATION FORM

### Section 1: Student/Parent Information

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

School District \_\_\_\_\_ School \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact Name and Phone Number \_\_\_\_\_

Racial or Ethnic Heritage:  Asian  Black/African Am.  Am. Indian/Alaska Native  Native Hawaiian  White

My child has health conditions or allergies:  YES  NO (If yes, please explain: \_\_\_\_\_)

Please circle your child's t-shirt size (based on adult sizes):      S      M      L      XL

### Section 2: Workshop Selection

Please list five (5) workshops, in preference order, in which you are interested. Please make sure the workshop number matches the workshop title. You will be placed in at least one of the following workshops and, if necessary, one alternate determined by the planning committee. Workshop list: [www.gwaea.org/openmindsopendoors/conference.html](http://www.gwaea.org/openmindsopendoors/conference.html)

	Workshop #	Course Title
1st		
2nd		
3rd		
4th		
5th		

### Section 3: Video/Photo Release for Public Information (Optional)

*Note: This form is required for children 18 and under whom Grant Wood AEA wishes to photograph or videotape, either individually or in group settings, for publicity or informational purposes of Grant Wood AEA and its programs. A release from the child's school is not sufficient. This release will be kept on file in the Communications Office. Please print your name and child's name at the top of this document.*

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ give permission for Grant Wood Area Education Agency to photograph or videotape my child(ren), myself and/or my family for use by Grant Wood AEA in its publications, websites or promotional literature. I also agree to allow my child's work to be published by Grant Wood AEA in its publications, websites or promotional literature. I give this consent and will make no further claim of any nature.

I understand that I have the right to revoke this authorization at any time, and that I have the right to request and obtain a copy of the recording or photograph. I acknowledge that I have read the foregoing release and authorization, that I understand its terms, and that I am voluntarily signing this release and authorization.

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

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Child's Birth Date \_\_\_\_\_

### Section 4: Payment

Please staple your (non-refundable) **\$12.00 registration fee** to this form and return to your child's school ASAP. Checks should be made payable to *your school*.

Amount Enclosed: \$ \_\_\_\_\_ Check #: \_\_\_\_\_