



Inspire Me Teen Summit 2017

Registration Form

STUDENT INFORMATION

Name _____ Age: _____ Date of Birth _____

Address _____ City _____ Zip _____

Contact Number _____ Race: _____ Gender: _____

School _____ Grade: _____

Email address _____

Facebook _____ Twitter _____

Instagram _____ Kik _____

Pre- Existing Medical Conditions (e.g. allergies or chronic illness) ___ Yes ___ No

If Yes; Please explain _____

PARENT/ GUARDIAN INFORMATION

Parent/ Guardian Name _____

Contact #: _____ Work #: _____

E-mail address _____

WAVIER OF LIABILITY

I give my permission for my child to participate with The Platform, Inc. Parental/Guardians signature below signifies that each person has read, understands and abides by this information. There are risks connected with the possibility of physical injury associated with any participation of programs in consideration of The Platform Youth, Inc. accepting this registrant for its program and activities hereby release, waive, discharge and covenant not to sue The Platform, Inc. and/or otherwise indemnify The Platform Youth, Inc., its affiliated organizations, community partners, sponsors, volunteers, personnel, and facilities utilized for the programs, against any claim or on behalf of the registrant as a result of the registrants participation I hereby authorize. I grant The Platform Youth, Inc. the right to edit, use, and reuse said product for non-profit purposes including use in print, on the internet and all other form of media.

Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____ Date: _____