

Saturday, March 14th, 2015 – 9:30AM to 4PM

Mid-State Tech College, 1001 Center Point Dr., Stevens Point



Registration Fee - \$8.00 (scholarships available upon request)

\_\_\_ I'm rounding my fee up to \$10 to support this & other programs

CODE OF CONDUCT

To be read and signed by all conference participants.

- I AGREE to arrive on time and stay for the duration of the event.
I AGREE not to use, possess, sell, purchase, or exchange tobacco, illegal drugs...
I AGREE not to verbally, physically, or sexually harass other conference participants...
I AGREE to interact respectfully and courteously with chaperones, presenters...
I AGREE to participate as fully as possible.
I AGREE to follow safety and other guidelines given by designated activity leaders...
I AGREE to be responsible for my own belongings.
I AGREE to be respectful of the property of others and of Mid-State Technical College.

I have read the Code of Conduct above and understand that the consequences for not following these guidelines may include: removal from the conference or any activity without refund; contacting my parent/legal guardian(s) to inform them and request that they transport me from the event; and possible legal action.

Signature of conference participant

Date

PARTICIPANT INFORMATION - PLEASE PRINT CLEARLY

Name: \_\_\_\_\_

Pronouns (eg. she/her, they/them): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

School Name: \_\_\_\_\_

What is the best way for us to contact you?

[ ] Home [ ] Cell [ ] Email [ ] Snail Mail

Do you require a language interpreter?

[ ] No [ ] Yes Language: \_\_\_\_\_

Would you like to receive email updates from GSAFE?

[ ] No [ ] Yes



OPTIONAL DEMOGRAPHIC INFORMATION

Race/Ethnicity: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_

Gender Identity: \_\_\_\_\_

GSAFE is committed to providing an environment in which all participants feel welcome. Any information you feel comfortable sharing will help us be more effective and inclusive in planning future programming.

This registration form is to be completed by parent/legal guardian(s) of all conference participants under 18 years of age or by participants themselves if 18 years of age or older. Please call GSAFE at (608)661-4141 with any questions or concerns.

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**MEDICAL RELEASE & EMERGENCY INFORMATION**

*The following information is for the purpose of obtaining immediate medical attention if necessary.*

Regular medication required: \_\_\_\_\_

Allergies (foods, insects, latex, etc.): \_\_\_\_\_

Special dietary needs (vegetarian/vegan, etc.): \_\_\_\_\_

Activities prohibited by physical limitations: \_\_\_\_\_

Tetanus shot in the last ten years?  Yes  No

Other pertinent medical info: \_\_\_\_\_

*If currently under a physician's care, please provide:*

Physician name: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance provider & policy number (if applicable): \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION**

*Please provide contact info for at least one legal guardian.*

Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening: \_\_\_\_\_

I would like to be added to GSAFE's mailing list.

I would like to receive email updates from GSAFE at:

Guardian name (optional): \_\_\_\_\_

Address: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening: \_\_\_\_\_

I would like to be added to GSAFE's mailing list.

I would like to receive email updates from GSAFE at:

GSAFE envisions school communities where all LGBTQ youth thrive.  
Learn more at [www.gsafewi.org](http://www.gsafewi.org).

**AGREEMENT:** *To be read and signed by at least one eligible parent/guardian or by conference participant who is 18 years of age or older.*

My signature indicates that I understand and have discussed with my young person that compliance with the regulations is required of all participants. I give permission for my young person to attend and participate in the program detailed in this form, to use transportation (public and private) selected by program director, and to appear in publicity photos or videotapes. I certify that the attached information (including information provided in the Medical Release/Emergency Information) is correct to the best of my knowledge. This certifies that the above-named participant is physically able to participate in the activities with the exception of those listed, and that immediate medical attention may be obtained if necessary. By signing below I agree to indemnify and hold harmless and forever release GSAFE and its directors, officers, employees and agents against and from any and all claims and damages, suits and proceedings, medical expenses of every type, all or part thereof which arise out of or relate to any activities of the participant or GSAFE, including but not limited to acts or omissions of GSAFE. In the event of an emergency, I hereby authorize the above representatives of GSAFE to engage a licensed doctor to render medical services which may, at the sole discretion of the doctor, be necessary; I further authorize said representatives to take the participant to the hospital if it should seem necessary and agree that I will pay all doctor, hospital, and related bills.

Signature & Date: \_\_\_\_\_

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