

Friday, April 7th, 2017 – 9:30AM to 3:00PM

Orchard Ridge UCC, 1501 Gilbert Rd., Madison, WI



Registration Fee - \$15.00 (scholarships available upon request)

____ I'm rounding my fee up to \$20 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 Orchard Ridge UCC.

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.

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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