

Young CEO Leadership Conference

Presented by: Beulah Grove Community Resource Center, Inc.

June 13-15, 2012

8A-5P

Beulah Grove Building of Opportunity

1434 Poplar Street

Augusta, GA 30901

Registration Form

Date of Application: _____

Conference Cost: \$ 150.00/student

Child's Name: _____ Age: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Date of Birth: ____ / ____ / ____ Gender: Male / Female

Name of Parent(s) or Legal Guardian(s): _____

Place of Employment: _____ Position: _____

Home Phone: _____ Work Phone: _____ Pager #: _____

Cellular Phone: _____ Email Address: _____

Emergency Contact Person Other Than Parent or Legal Guardian:

Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Pager #: _____

Cellular Phone: _____

Educational Background:

School Currently Attending: _____ Current Grade: ____

Does your child have any physical, emotional, or developmental handicaps that might need special attention (Yes / No) If yes, please describe: _____

Child Release Information: Please list below the names of person authorized to pick up your child. Please print clearly.

1. Name: _____

Relationship to child: _____ Telephone Number: _____

2. Name: _____

Relationship to child: _____

Telephone Number: _____

Medication Information & Release

Child's Name: _____ D.O. B. ____ / ____ / ____

Name of Doctor: _____ Office Phone: _____

Hospital Preference: _____ Insurance Company: _____

Policy No: _____

Name of Medication	Amount to Give	Time to Issue
_____	_____	_____
_____	_____	_____

Health History: (Please check all that apply.)

Allergies

- Hay Fever
- Poison Ivy, etc
- Insect Stings
- Penicillin
- Other Drugs

Diseases

- Chicken Pox
- Measles
- German Measles
- Mumps
- Asthma

Other

- Ear Infections
- Rheumatic Fever
- Convulsions
- Diabetes
- Behavioral

Please list any other allergies or diseases that apply to your child. _____

Recommendations & Restrictions: _____

May your child have aspirin? Yes No

May your child have non-aspirin medicine? Yes No

Does your child have ADD/ADHD? Yes No If so, is he/she on medication? Yes No

Please list any medical problems that your child has that we need to be aware of: _____

In case of emergency do we have permission to call an ambulance for you? _____

I, the parent/guardian of this child, have completed this medical information sheet to the best of my knowledge. I understand that the *Beulah Grove Community Resource Center, Inc.* is in no way liable for any injuries that may occur.

Parent/Guardian Signature: _____ Date: _____

Permission Slip

1. Permission for Field Trips:

Please sign below giving us permission to take your child on any field trips that have been arranged for this program.

Yes, my child has permission to attend all field trips.

No, my child can not attend all field trips.

2. Photo/Video Release Form:

The Beulah Grove Community Resource Center requests your permission to photograph and/or interview your child/children for the sole purpose of promoting the Young CEO Leadership Conference. From time to time, the television and newspaper reporters may want to interview, videotape and/or photograph your child/children. Please note that these stories and newscasts may also appear on the internet.

If permission is given, you will be granting the unlimited right of the Beulah Grove Community Resource Center and the news media, if applicable, to utilize and produce photograph, likenesses or the voice of your child/children **in any legal manner.**

Yes, permission is given to photograph video and/or interview my child.

No, permission is **NOT** given to photograph video and/or interview my child.

3. Bible Study Participation:

The *Beulah Grove Community Resource Center, Inc.* respects your right of denomination and religion. However, please be aware that morning devotion will be offered to our conference participants with the permission of their parents/guardians.

Yes, my child may participate in morning devotion

No, my child may not participate in morning devotion

I have read and understand the terms to this agreement.

Parent's Signature: _____ Date: _____