



HIGH SCHOOL STUDENT REGISTRATION FORM



Name _____
 High School _____
 Grade _____
 Email _____
 Phone Number _____

Touro University, California
 5th Annual Teen Life Conference
 March 10, 2011
 3-7:30 PM
www.teenlifeconference.com

Destination:

Address: Touro University, 1310 Club Drive, Mare Island, Vallejo, CA 94592
 Phone Number: (707) 638-5200
 Date: March 10, 2011, Thursday
 Check In Time: 3:00 pm or upon arrival
 Check Out Time: 7:30 pm

Will your parent attend the Teen Life Conference with you? Yes No

I, the parent/guardian of the student named above, hereby give my permission for my child to take part in the school trip described above. I hereby release _____ High School and Touro University of California, Touro TLC Coordinators and successors, doctors, medical students, nurses, nurse practitioner, and general volunteers from any and all liability arising from or in any way connected to the presentation, discussion, forum, and/or health screenings conducted at Touro University on March 10, 2011 associated to the conference.

I understand that the purpose of the Teen Life Conference is not to diagnose and/or treat illness but to raise awareness about certain health topics salient to the youth of today. I hereby assert that my child's participation is voluntary and that I knowingly assume all such risks.

By signing this registration form:

- 1) I consent to my child's participation.
- 2) I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the trip may act on my behalf and at my expense in obtaining medical treatment for my child.
- 3) I understand that as a parent, if I believe it is necessary to limit my child's activity to a great extent, then the school may not be able to accommodate my child on this trip and that I and my child will be informed of this decision as soon as possible upon the receipt by the school of this completed consent form.
- 4) Please indicate any permanent or temporary medical or other condition including special dietary and medication needs, or the need for visual or auditory aids, which should be known about your child.

Parent Name: _____

Parent Signature: _____

Date: _____

Phone number (to be called in case of emergency): _____

I will provide my own transportation _____ I will need transportation _____

Please submit to your teachers.