

**Back-to-School Teen Explosion Conference
Group-Individual Participant Registration Form**

Note: Each participant needs a registration form. Please submit individual forms no later than July 27, 2019.

TEEN INFORMATION			
Registration Type: <input type="checkbox"/> Individual <input type="checkbox"/> Group		Name of Group (if applicable): _____	
Teen Name:		Date of Birth:	
Mailing Address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
City:	State:	Zip:	
Home Phone #: ()		Teen Cell #: ()	
E-mail Address:		Would you like to receive text updates about the event via cell phone: <input type="checkbox"/> yes <input type="checkbox"/> no	
School that Teen will be Attending (2018-2019):	Grade Level that Teen will be in (2018-2019):	Teen T-shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large	
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other _____		Highest level of education teen plans to complete <input type="checkbox"/> Some High School <input type="checkbox"/> Graduate from High School <input type="checkbox"/> Some College <input type="checkbox"/> 2-year Degree (Associates) <input type="checkbox"/> Technical/Vocational/Trade/Apprentice <input type="checkbox"/> 4-year Degree (Bachelors) <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctorate/Professional Degree	
Career(s) that Teen is interested in: 1. _____ 2. _____ 3. _____		College(s) that Teen is Interested in: 1. _____ 2. _____ 3. _____	
Parent(s)/Guardian Name:		Parent(s)/Guardian Work #: Parent(s)/Guardian Home #: Parent(s)/Guardian Cell #:	
Parent(s)/Guardian E-mail Address:		Would you like to receive text updates about the event via cell phone: <input type="checkbox"/> yes <input type="checkbox"/> no	
EMERGENCY CONTACT: <i>Please list an individual and phone number other than any that appear above.</i>			
Name:		Relationship to Teen:	
Telephone Number:		Other Number:	

Medical Release Authorization: In checking "I Agree" below, I hereby certify that the above information is correct and give permission for my child to be transported in an ambulance vehicle for medical and other emergency purposes only, and for the release of medical records to an attending physician in case of illness. In case of medication emergency, I understand that every effort will be made to contact the parents or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my child named herein. I Agree I Disagree

Photo/Video Authorization: In checking "I Agree" below, I understand that my child may be photographed or recorded on video during the course of the event. By initialing below I provide consent for their image to be used in print, electronic, or video form for the promotional purpose of future conferences and youth activities. I Agree I Disagree

Print Parent/Guardian Name: _____ Parent Signature: _____