



# YOUTH REGISTRATION FORM

PeaceJam Event: March 27, 2017

Registration starts at 9:00am

Event 10am – 4:00pm

**Location: East Aurora High School**

Please fill out all the forms and return them to your teacher or principal

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

School/Organization: \_\_\_\_\_

Name of Teacher/Sponsor: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Youth T-Shirt Size: S M L or Adult T-Shirt Size: S M L XL XXL

### **REQUIRED REGISTRATION FEES: \$20**

Please make checks to **Gates School**

**Check:\_\_\_ Cash:\_\_\_ Paid by School/Organization:\_\_\_**

### **Optional Scholarship**

I would like to add a tax-deductible contribution to my registration fee to help support the attendance of low-income students through the PeaceJam Scholarship Fund.

**\$5 \_\_\_ \$10 \_\_\_ \$15 \_\_\_ \$20 \_\_\_ Other \$ \_\_\_**

Students seeking a scholarship must request a scholarship individually from PeaceJam.

Please note, **refunds will not be given** for registered students who do not attend. Substitutions are accepted up to the day of the event and must be coordinated through your group advisor.

**Give Completed Forms & Payment to your Teacher or Principal**

### **Question? Contact:**

Sue-z Bruno

Gates Elementary School

800 7th Avenue, Aurora, IL 60505

[aurora@peacejam.org](mailto:aurora@peacejam.org)

[sbruno@d131.org](mailto:sbruno@d131.org)

630-306-4415



**PEACEJAM**  
GREAT LAKES • AURORA

## PEACEJAMMER MEDICAL HISTORY

To help us provide for all of our participants' physical needs and to aid in case of emergency, please provide as much of the following information as possible. This information will not have any impact on your child's eligibility to attend the conference.

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

School/Organization: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Are there any physical accommodations of which you would like us to be aware in order to make the conference more comfortable or accessible for you?

Food, Drug, Seasonal or other Allergies (Please describe):

What medications are you currently taking, if any? \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy # \_\_\_\_\_

Agent's Name & Phone: \_\_\_\_\_

Emergency Contacts (please provide the names and contact information for three people in case of emergency):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Any other health concerns or needs of which you would like us to be aware?

**Not required**

Medical Insurance Carrier: \_\_\_\_\_

Policy # \_\_\_\_\_

Agent's Name & Phone: \_\_\_\_\_



This release is executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_ (Name of "Youth") and  
\_\_\_\_\_ (Name of "Parent" or "Guardian" if under 18 years of age)  
(collectively "Releasers") in favor of the **PeaceJam Foundation, PeaceJam Aurora and East Aurora School District 131** (collectively "Parties Released").

In consideration of the Student's being allowed to participate in PeaceJam Youth Conference or PeaceJam Slam conference, instructional, workshops, and outreach activities scheduled to take place on **March 27, 2017**, (the "Activities") including, but not limited to, musical entertainment, games, community service activities, gardening, building maintenance, etc. Releasers hereby acknowledge that they have had the opportunity to determine the nature of the Activities and the manner in which they will be conducted. Having such knowledge or having waived the right to obtain such knowledge, Releasers hereby personally assume all risks in connection with the Activities and further release the Parties Released and their instructors, agents, employees, volunteers, operators, officers, and trustees from liability for any harm, injury, or damage which may befall the Student while engaged in the Activities, traveling to or from the sites of the Activities, or arising from the Student's presence at or near the sites of the Activities, including all risks connected therewith, whether foreseen or unforeseen, and whether arising from the negligence of the Parties Released or their instructors, agents, employees, volunteers, operators, officers, and trustees. Releasers further agree to save and hold harmless the Parties Released and the above persons from any claim by Releasers or their family, estate, heirs, or assigns, which arise out of the Activities.

Releasers acknowledge that the Activities may involve transportation by bus, private vehicle, or other mode of transportation, and may involve outreach activities beyond the scope of traditional academic functions including outreach activities into impoverished neighborhoods involving direct personal contact. Releasers acknowledge that the Student's participation in the Activities is voluntary, and that such participation potentially involves risks which are impossible to predict, but which may be beyond the scope of risks normally associated with the traditional academic functions. These risks may include but are not limited to loss or damage to personal property, and the risk of sickness, personal injury, death, etc., while participating in the Activities.

Releasers hereby allow PeaceJam or university staff members, in the case releasers cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment to their child while participating in the PeaceJam activities and it is understood that the releasers will assume all financial responsibility for any expenses that may be incurred or said emergency treatment.

Releasers understand that parts of the Activities may be physically and/or emotionally demanding. Releasers affirm that the Student is not under a physician's care for any condition that might endanger the Student's health as a result of participation in the Activities, or endanger the health of other participants. Releasers understand that they are assuming the risk of any physical injury that might result to the Student a result of the Student's participating in the Activities.

Releasers hereby grant to the Parties Released and all persons or entities acting for or through them the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, sound recordings, and other media presentations of any kind whatsoever, in which the Student may appear and which are made or produced in connection with the Activities.

Releasers state that they fully understand that the terms of this Release are contractual and not a mere recital, and that they have signed this document as their own free act. Releasers state that they have fully informed themselves of the content of this Release by reading it before signing it.

**NOTE: At least one Parent/Legal Guardian must sign this Release, if the Youth Participant is under 18 of age.**

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Printed Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_