



STUDENT REGISTRATION FORM

Please fill out all forms and return the registration packet to your teacher with your \$100 registration fee.

CHANGE STARTS HERE PeaceJam.org

For Office Use Only

Conference Fee Paid: _____ Not Paid: _____ Scholarship Amount: _____

Youth's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Date of Birth (the PeaceJam conference is open to youth age 14 and older): _____

E-Mail: _____

School/Organization: _____

Teacher/Sponsor's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Home Phone: _____ Work Phone: _____

Have you attended a PeaceJam event in the past? Yes No If yes, how many events? _____

Vegetarian meal needed? Yes No (due to catering restrictions, vegan and wheat free meals are not available)

T-Shirt Size: _____

Other food allergies, physical accommodations, or other needs you would like us to be aware of?

Due to the difficult economic times, 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 Other _____ I cannot contribute at this time

I have included my \$100 registration fee.

Total individual registration fee included (please add additional contribution if applicable): \$ _____

Please note that due to the various logistical aspects of conference planning, refunds will not be given for registered students who do not attend. Substitutions are accepted up to the day of the event and should be coordinated through your group sponsor.

PEACEJAMMER CONTRACT

As a PeaceJammer for the PeaceJam Event on November 14-15th in Fulton, Missouri I agree to the following:

- I agree to remain with the organizational members throughout the two-day program.
- I agree to silence my cell phone and use MP3 players/CD players/music players respectfully throughout the event.

WHAT I'LL BRING: weather appropriate/comfortable clothing, pens, pencils, notebooks, camera.

WHAT I WILL NOT BRING: glass containers, weapons/pocket knives, non-prescription drugs or alcohol

Parent/Guardian Signature: _____ Date: _____

Youth Signature: _____ Date: _____



CHANGE STARTS HERE PeaceJam.org

PEACEJAMMER MEDICAL HISTORY

To help us 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.

Youth Name: _____			
Home Address: _____	City: _____	State: _____	Zip: _____
Home Phone: _____		Work Phone: _____	
School/Organization: _____			
Parent/Guardian Name: _____			
Parent/Guardian Home Phone: _____		Work Phone: _____	

Allergies (Please Describe): _____

Allergies to Prescription Drugs: Yes _____ No _____

If yes, name drug(s): _____

Are you on medication now? Yes _____ No _____

If yes, name the medication(s): _____

Doctor's Name: _____ Telephone: _____

Medical Insurance Carrier: _____

Policy # _____

Agent's Name & Telephone: _____

Contact in Case of Emergency (please provide the names & telephone numbers of at least 3 people)

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

Please Select One

- I do authorize the PeaceJam Foundation, Heartland PeaceJam, or William Woods staff member, in the event that I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment for my child while participating in the PeaceJam Youth Conference or Slam events. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.
- I do not authorize the PeaceJam Foundation or staff member, in the event that I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment for my child while participating in the PeaceJam Youth Conference or Slam events. **It is understood that I will not hold the PeaceJam Foundation responsible for results of my decision to deny permission to give consent for medical care.**

Parent/Guardian Signature: _____ Date: _____

PeaceJam PEACEJAM YOUTH/STUDENT RELEASE

This release is executed on the _____ day of _____, 20____,
by _____ ("Student" or "Youth") and
_____ ("Parent" or "Guardian" if under 18 years of age)
(collectively "Releasers") in favor of the PeaceJam Foundation, and William Woods University (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 November 14-15, 2009, (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 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 Student/Youth Participant is under eighteen years of age.

Student Printed Name: _____

Student Signature: _____ Date: _____

Parent or Guardian Printed Name: _____

Parent or Guardian Signature: _____ Date: _____