

Palm Beach County Youth Summit

8th Annual – 2018

“Think Like A Boss, Act Like A Boss”

Please register online at www.pbcyouthsummit.org

I. DEMOGRAPHICS

Youth Last Name: _____ Youth First Name: _____ DOB: _____

Gender: _____ Ethnicity: _____ City: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact Person Name: _____ Phone: _____

II. EDUCATION

Is the youth currently in school? (Y/N) _____ If Yes, what grade? _____ What school? _____

III. MEDICAL CONDITIONS

All Youth Summit participants are encouraged to take their medication as prescribed on the date of the summit and to bring any necessary medication to take during the hours of the summit.

Existing medical conditions? (Y/N) _____ If Y, what are they? _____

Food allergies? (Y/N) _____ If Y what are they? _____

Special accommodations needed? (Y/N) _____ If Y, what is requested? _____

IV. T-SHIRTS and ATTENDANCE RULES

Participants will be issued one t-shirt to be worn while attending the Youth Summit. Please place the Youth's correct t-shirt size in the box. (S, M, L, XL, 2X, 3X) _____ (T-shirts must be ordered by 4/13/2018).

All participants are encouraged to dress in accordance with school dress code. The Youth Summit t-shirt **MUST** be worn during the Summit. Anyone not adhering to the dress code will be asked to leave.

It will be the responsibility of the youth's parent/guardian to ensure the child is transported to and from the event. Transportation must be arranged to have all youth picked up at the conclusion of the summit.

The hours of the event are 9am to 4pm. Registration starts at 8:45am and **ENDS PROMPTLY AT 9:45am**
DOORS CLOSE PROMPTLY AT 10:00AM

V. GUARDIAN APPROVAL

PROGRAM CHAPERONES MUST ACCOMPANY THE TEENS TO ALL SESSIONS.

The information provided to all youth attending this summit is intended to impact the community in the fields of education and health for years to come. Some topics discussed may include abstinence, prevention of HIV and sexual related diseases, gangs, alcohol and drugs.

Parent/Guardian name is **REQUIRED** for anyone under the age of 18. By placing the Parent's/Guardian's name in this box, you agree that a parent or guardian has approved of the youth's attendance and use of photos for promotional purposes.

Parent/Guardian Name: _____ Email: _____

Parent/Guardian Signature: _____ Phone #: _____

FAX THIS FORM TO: (561) 242-6982

SEE YOU AT THE 2018 YOUTH SUMMIT