

Iowa Pride Network's
**7TH ANNUAL
GAY-STRAIGHT
ALLIANCE CONFERENCE**

Saturday, April 17, 2010 • Wells Fargo West Des Moines Campus, 800 South Jordan Creek Parkway • Des Moines

Participant/Guardian Permission Slip

To be completed by parent(s)/legal guardians of all participants under 18 years of age or by participants themselves if 18 years of age or older.

Participant Name: _____ Grade in School: _____

School _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone (if applicable): _____ Cell Phone (if applicable): _____

E-mail (print clearly): _____

**All participants are required to fill out this form.
If under the age of 18 a parent or guardian is required to sign this form.**

Guardian/Parent Name: _____
(If participant is under the age of 18)

Emergency Contact Person: _____ (Relationship to Participant) _____

Contact/guardian's Permanent Address: _____

Daytime Phone: _____ Cell Phone: _____

Evening Phone: _____ Emergency Phone Number: _____

Participant/Guardian Permission: My signature indicates that I understand and have discussed with my young person (under 18) that compliance with the regulations is required for all youth participants. I give permission for my young person to attend and participate in the program listed above, as listed in program descriptions, to use transportation (public and private) selected by the program director, and to appear in publicity photos or videotapes. I certify that the attached Medical Release/Emergency Information is correct to the best of my knowledge.

Participant signature/date: _____

Guardian signature/date: _____

***** For Parents and/or Guardians Only *****

I want to learn more about making Iowa Schools Safe for LGBT Youth and their Allies!

Name: _____

Email (print clearly): _____