

iowapridenetwork's
4th annual

LGBT & ALLIED STUDENT LEADERSHIP TRAINING

August 14, 2008 Des Moines, Iowa 10am-4pm Location: TBD

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): _____

Race or Ethnicity: _____ **Gender Identity** _____

Guardian 1 Name:
(if under 18) _____

Guardian 2 name:
(if applicable) _____

Permanent Address: _____

Permanent Address: _____

Daytime Phone: _____

Daytime Phone: _____

Evening Phone: _____

Evening Phone: _____

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 1 signature/date: _____

Guardian 2 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: _____

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