Participant Registration Form

Participant's First Name: _____ **Last Name:** _____

Date of Birth: _____ _____

Address: _____

City,

State: _____ **Zip:** _____

Chapter, if any: _____ **T-shirt size:** _____

Email: _____

Primary Phone _____ ☐ **Cell** ☐ **Home** **Secondary Phone** _____ ☐ **Cell** ☐ **Home**

Which name should we use when contacting you? ☐ **Legal Name** ☐ **Name**

Travel Information

GLSEN recognizes that many people do not identify with their legal name and/or gender, and we apologize for having to ask. We are required by the TSA to provide that information when booking your flights.

Legal name as it appears on government-issued ID: _____

Legal gender as it appears on government-issued ID: _____

City/town you are departing from: _____

Closest airport(s): _____

Closest train station(s): _____

If driving, please provide the address from which you will depart: _____

_____

Please list any specific needs for your travel: _____

_____

Participant Name	Signature	Date
Parent/Guardian Name	Signature	Date

Questions? Contact a.t. furuya at (619) 669-8934 (direct) or atfuruya@glsen.org Please email forms to atfuruya@glsen.org

Youth Participant and Parent(s)/Guardian(s) Agreement

Participant's Name:	
Guardian Name: _____	Emergency Contact Name: _____
Daytime Phone: _____	Daytime Phone: _____
Evening Phone: _____	Evening Phone: _____
Email Address:	Email Address:
Please provide guardian's address if different from participant's address	

Event Information: Transportation to and from the airport and event location, hotel accommodations, and meals will be provided by GLSEN for all participants. You will receive more logistics, including a schedule of events, packing list and contact information for all GLSEN staff and event venues, at a later date upon responding. GLSEN will provide housing, meals, transportation and other costs associated with GLSEN events, including any programmatic costs. Participants are responsible for transportation to the airport, train station or other transit location in their home community (unless other arrangements have been made), and meals while traveling. GLSEN staff will be available 24 hours a day for participants and guardian(s) to contact with any emergency.

GLSEN General Rules of Conduct

While attendingGLSEN events and programs, participants agree to abide by the following rules:

- Participants are asked to be respectful of all other participants and staff;
- Participants are asked to fully participate in the event, including arriving on time;
- Participants are prohibited from using or possessing any drugs or alcohol;
- Participants agree not to engage in any illegal activity whatsoever;
- Participants agree not to engage in any sexualized behavior (including inappropriate touching or comments);
- Participants may not leave the event site without a GLSEN staff person/must alert staff of their whereabouts at all times;
- Participants will help ensure the safety of all participants by immediately alerting staff to any health or safety issues or any activities that violate the general rules or otherwise compromise the safety or well-being of other participants;
- Participants may only be in the hotel room assigned to them, and all participants are required to be in their hotel room at the end of the programming day;
- Participants must sleep only in their assigned bed (in order to ensure youth safety, room checks might occur throughout the event);
- GLSEN reserves the right to a range of consequences for any participant who breaks one of these rules or whose behavior is disruptive to the event and/or other participants, which includes contacting parent(s)/legal guardian(s) and/or removal from the event.

Youth Participant(s)/Legal Guardian(s) Agreement: GLSEN envisions a future in which every child learns to respect and accept all people, regardless of sexual orientation or gender identity/expression. We want all participants to have an empowering experience and to make sure that the environment will be comfortable and safe for everyone. Therefore, it is understood and agreed by the participant and parent(s)/legal guardian(s) that all participants will abide by the GLSEN General Rules of Conduct. Violation of this agreement is unacceptable and participants may be sent home (at the cost of the participant and parent(s)/legal guardian(s)) and forfeit all future opportunities to attend GLSEN events, participate in leadership programs and/or receive GLSEN scholarships. Participant's and legal guardian's signatures constitute understanding and agreement of the above rules.

Participant Name	Signature	Date
Parent/Guardian Name	Signature	Date

Questions? Contact a.t. furuya at (646) 388-6574 (direct) or atfuruya@glsen.org Please email forms to atfuruya@glsen.org

Medical Release/Emergency Information and Behavioral Agreements
GLSEN Respect Awards and Leadership Retreat,

To be completed by all participants and parent(s)/legal guardian(s) of participants younger than 18 years old. The following medical information about this participant is for the purpose of obtaining immediate medical attention if necessary. Please provide as much information as possible to ensure the health and safety of participants in attendance.

Name: _____

Age: _____ Date of birth: _____

Emergency contact: _____ Relationship to participant: _____

Emergency contact phone number: _____

Any allergies? _____

Medications taken regularly: _____

Physical accommodations: _____

_____

Special dietary needs: _____

Do you have any medical concerns we should be aware of? _____

_____

To be completed by parent/guardian of participants under 18:
I give permission for a GLSEN staff member to administer the following to my child if requested (please circle yes/no):

Acetaminophen: Yes / No **Ibuprofen: Yes / No** **Antacids: Yes / No**

This certifies that the participant is physically able to participate in activities with the exception of those noted, and that immediate medical attention may be obtained if necessary. Approval is also given for the participant to participate in activities sanctioned by GLSEN, Inc. By signing below parent(s)/legal guardian(s) hereby agree to indemnify and hold harmless and forever release GLSEN, Inc. and its directors, officers, employees and agents against and from any and all claims and damages, suits and proceedings, medical expense or expense of every type, all or part thereof which arise out of or relate to any activities of the participant or GLSEN, including but not limited to acts or omissions of GLSEN.

In the event of an emergency, GLSEN representatives are authorized to engage a licensed doctor to render medical services which may, in the sole discretion of the doctor, be necessary; GLSEN representatives are also authorized to take participants to the hospital if necessary and parent(s)/legal guardian(s) agree to pay all doctor, hospital and related bills.

_____

Participant Name Signature Date

_____

Parent/Guardian Name Signature Date

Questions? Contact a.t. furuya at (646) 388-6574 (direct) or atfuruya@glsen.org Please email forms to atfuruya@glsen.org