The Importance of V.O.I.C.E.S.: Oratorical Training

February 25, 2012 – March 31, 2012
10 a.m. to 12 p.m.
Registration Forms are due on February 17, 2012

Qualifications:
All York County Youth in grades 6-12 **Space is limited to 15 youth**

Registration Fee: Free

Registration:
· Online via http://www.theyouthsource.org
· E-mail to Crystal Starkes, Outreach Coordinator at cstarkes.theyouthsource@gmail.com
· Mail-In at P.O. Box 3144, Rock Hill, SC 29732
· Fax at 803-366-9389
· In Person at The Youth Source, located inside the Family Resource Center, 410 East Black Street, Rock Hill, SC 29732

Purpose:
The Importance of V.O.I.C.E.S. is a 4-session program (2 hours long) that provides youth between the grades of 6th to 12th with oration skills. The program focuses on educating the youth on public speaking, communication, and practical skills.

Objectives:
· Understand the idea and importance of communication
· Identify the essentials of verbal and nonverbal communications
· Improve their ability to present oral presentations
· Enhance their analytical, research, and evaluation skills
· Build networks of oration opportunities in the York County area

Name _____
Address _____ City, State _____ Zip Code _____
Telephone _____ Email Address _____
Grade _____ Age _____ School _____
Parent(s)/Guardian(s) Name(s) _____
Telephone _____ Email Address _____

I give my informed consent and permission for my child to participate in The Importance of V.O.I.C.E.S.: Oratorical Training and its related activities. I agree to release all liability of injury, death, or other damages to me, my child, family, estate, heirs or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any of The Youth Source staff, volunteers, or other representatives, both collectively and individually, of any injury, physical, emotional, other than where gross negligence has been determined. By signing below, I attest to the truthfulness of all information listed on the registration form and agree to all the above terms and conditions.

Parent/Guardian Signature _____ Date _____
Parent/Guardian Name (Print) _____
Optional: I agree to allow The Youth Source to use any photographic image of my child taken while participating in the program. These images may be used in promotions or other related marketing materials. Upon agreement, please initial here _____.