



**GRAINTE YOUTH ALLIANCE**  
**January 16, 2020**  
**CONFERENCE REGISTRATION**

Register by Monday January 6, 2020 to insure you receive a free conference t-shirt.

Student Name: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell &/or Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical concerns or issues we should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies: \_\_\_\_\_

**LIABILITY WAIVER:**

I agree to allow my son/daughter to participate in the Granite Youth Alliance. I understand that many Granite Youth Alliance activities could result in injury during events or during transportation to and from events. I agree to waive any liability or right of civil action against the United Way of the Greater Seacoast, City of Dover, Dover Police Department, Dover Youth to Youth, Granite Youth Alliance, Austin 17 House affiliated School Department and any of the associated staff, volunteers, sponsors or other agents of the program for any negligence or acts or omissions that are related to my son/daughter's participation in any Granite Youth Alliance related activity. **In the event of an emergency where I cannot be reached, I give my permission for the adult staff of Granite Youth Alliance to act on my behalf in requesting emergency medical care for my son/daughter.**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**COMPREHENSIVE MEDIA WAIVER:**

I understand that Granite Youth Alliance (GYA) activities frequently result in media coverage. I agree to allow my child's photo or statements to reporters to be used in any news account, press release, or media report on GYA activities; whether TV, radio or print. My child may volunteer to participate in the production of any radio or video or TV PSA, live or recorded TV / radio broadcasts, or other media appearance associated with GYA. My child may volunteer to participate in GYA program evaluation by completing surveys, interviews, or providing feedback by other means designed to measure the effectiveness of the program. My child's photo may appear on the GYA web site, social media sites and he or she may participate in videos produced by GYA and linked to the School Department or a GYA web site or YouTube site.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**PLEASE NOTE:** Complete the registration form and return it to your team advisor. Make \$20 check payable to "City of Dover - Youth to Youth" (Federal Tax ID number: 02-6000230) Need based scholarships available. Contact Vicki Harris at 516-3279 or [v.harris@dover.nh.gov](mailto:v.harris@dover.nh.gov)



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**OFFICE USE ONLY**

**\$20 fee paid**

**Cash: \_\_\_\_\_**

**Check #: \_\_\_\_\_**

**Rcvd. By: \_\_\_\_\_**

