



STUDENT REGISTRATION FORM

Please fill out all forms and return the registration packet and fees to your teacher/Adult Advisor.
REGISTRATION RECEIVED BY 5:00PM MARCH 23, 2012: \$85/PERSON
LATE REGISTRATION RECEIVED AFTER MARCH 23, 2012: \$100/PERSON

For Office Use Only: Please do not write in this space.

Conference Fee Paid: _____ Not Paid: _____ Scholarship Amount: _____

****PLEASE TYPE OR PRINT CLEARLY****

Youth's Name: _____ Gender: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alt./Cell Phone: _____

Date of Birth (open to ages 14 and older): _____ Grade: 8 9 10 11 12 Other

E-Mail: _____

*PeaceJam Website User Name: _____

* signing up on the PeaceJam website is required in order to attend all PeaceJam events. Visit www.peacejam.org to create an account.

School/Organization: _____

Teacher/Sponsor's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Home Phone: _____ Alternate Phone: _____

Have you attended a PeaceJam event in the past? Yes No If yes, how many events? _____

T-Shirt Size: _____ Special Meal Request: Vegetarian Vegan Gluten Free Other _____

REQUIRED REGISTRATON FEES:

REGISTRATION: received by 5:00pm March 23rd, 2012: \$85/PERSON

GENERAL REGISTRATION: received after March 23rd, 2012: \$100/PERSON

My \$85 Registration Fee is enclosed. My \$100 General Registration Fee is enclosed.

OPTIONAL SCHOLARSHIP CONTRIBUTION:

Due to the difficult economic times, I would like to add a tax deductible contribution to my registration fee to help support the attendance of low-income students through the PeaceJam Scholarship Fund.

\$5 \$10 \$15 Other \$ _____

Students seeking a scholarship must request a scholarship individually using the scholarship request form on the PeaceJam website.

Please note that due to the various logistical aspects of conference planning, refunds will not be given for registered students who do not attend. Substitutions are accepted up to the day of the event and must be coordinated through your group advisor.

PEACEJAMMER CONTRACT

As a PeaceJammer for the PeaceJam Event on April 21-22, 2012 in Denver, Colorado I agree to the following:

- I will fully participate in the PeaceJam event and will honestly interact with all participants in the spirit of PeaceJam. I will remain with the program at all times and will not leave the conference without express permission of my PeaceJam Sponsor and making sure that PeaceJam staff and my Family Group Mentors are aware that I am leaving the event. I agree to silence my cell phone throughout the event and use it at appropriate times only.

WHAT I'LL BRING: appropriate/comfortable clothing, pens, pencils, notebooks, camera (optional).

WHAT I WILL NOT BRING: CD players/MP3 players/Music players, glass containers, weapons, non prescription drugs, alcohol

Parent/Guardian Signature: _____ Date: _____

Youth Signature: _____ Date: _____



PEACEJAMMER MEDICAL HISTORY

To help us provide for all of our participants' physical needs and to aid in case of emergency, please provide as much of the following information as possible. This information will not have any impact on your child's eligibility to attend the conference.

The medical consent box must be checked on this form and it must be signed in order for students to attend the conference.

Youth Name: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Alt./Cell Phone: _____
School/Organization: _____
Parent/Guardian Name: _____
Parent/Guardian Home Phone: _____ Alt./Cell Phone: _____

Are there any physical accommodations of which you would like us to be aware in order to make the conference more comfortable or accessible for you?

Food, Drug, Seasonal or other Allergies (Please describe):

What medications are you currently taking, if any? _____

Doctor's Name: _____ Telephone: _____

Medical Insurance Carrier: _____

Policy # _____

Agent's Name & Telephone: _____

Emergency Contacts (please provide the names and contact information for 3 people in case of emergency):

1. _____ Relationship: _____ Phone: _____

2. _____ Relationship: _____ Phone: _____

3. _____ Relationship: _____ Phone: _____

Any other health concerns or needs of which you would like us to be aware?

Please check the box below and sign this form.

This form must be signed and the box must be checked in order for students to attend the conference.

- I authorize the PeaceJam Foundation staff members, in the event that I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment for my child while participating in the PeaceJam Youth Conference or Slam events. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Parent/Guardian Signature: _____ Date: _____



PEACEJAM YOUTH/STUDENT RELEASE

This release is executed on the _____ day of _____, 20_____,
by _____ (Name of "Student" or "Youth") and
_____ (Name of "Parent" or "Guardian" if under 18 years of age)
(collectively "Releasers") in favor of the PeaceJam Foundation (collectively "Parties Released").

In consideration of the Student's being allowed to participate in PeaceJam Youth Conference or PeaceJam Slam conference, instructional, workshops, and outreach activities scheduled to take place on April 21-22, 2012, (the "Activities") including, but not limited to, musical entertainment, games, community service activities, gardening, building maintenance, etc. Releasers hereby acknowledge that they have had the opportunity to determine the nature of the Activities and the manner in which they will be conducted. Having such knowledge or having waived the right to obtain such knowledge, Releasers hereby personally assume all risks in connection with the Activities and further release the Parties Released and their instructors, agents, employees, volunteers, operators, officers, and trustees from liability for any harm, injury, or damage which may befall the Student while engaged in the Activities, traveling to or from the sites of the Activities, or arising from the Student's presence at or near the sites of the Activities, including all risks connected therewith, whether foreseen or unforeseen, and whether arising from the negligence of the Parties Released or their instructors, agents, employees, volunteers, operators, officers, and trustees. Releasers further agree to save and hold harmless the Parties Released and the above persons from any claim by Releasers or their family, estate, heirs, or assigns, which arise out of the Activities.

Releasers acknowledge that the Activities may involve transportation by bus, private vehicle, or other mode of transportation, and may involve outreach activities beyond the scope of traditional academic functions including outreach activities into impoverished neighborhoods involving direct personal contact. Releasers acknowledge that the Student's participation in the Activities is voluntary, and that such participation potentially involves risks which are impossible to predict, but which may be beyond the scope of risks normally associated with the traditional academic functions. These risks may include but are not limited to loss or damage to personal property, and the risk of sickness, personal injury, death, etc., while participating in the Activities.

Releasers understand that parts of the Activities may be physically and/or emotionally demanding. Releasers affirm that the Student is not under a physician's care for any condition that might endanger the Student's health as a result of participation in the Activities, or endanger the health of other participants. Releasers understand that they are assuming the risk of any physical injury that might result to the Student a result of the Student's participating in the Activities.

Releasers hereby grant to the Parties Released and all persons or entities acting for or through them the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, sound recordings, and other media presentations of any kind whatsoever, in which the Student may appear and which are made or produced in connection with the Activities.

Releasers state that they fully understand that the terms of this Release are contractual and not a mere recital, and that they have signed this document as their own free act. Releasers state that they have fully informed themselves of the content of this Release by reading it before signing it.

NOTE: At least one Parent/Legal Guardian must sign this Release, if the Student/Youth Participant is under eighteen years of age.

Student Printed Name: _____

Student Signature: _____ Date: _____

Parent or Guardian Printed Name: _____

Parent or Guardian Signature: _____ Date: _____