

# Youth Leadership Program Registration Form



WHERE LEADERS ARE MADE

YOUTH LEADERSHIP LOCATION:	
SCHEDULED START DATE:	

\* PLEASE PRINT NEATLY \* PLEASE PRINT NEATLY \*

Participant FIRST NAME <i>(as you wish it to appear on certificate of completion)</i>	Participant LAST NAME <i>(as you wish it to appear on certificate of completion)</i>
Age of Participant:	**Known Allergies/Other Health Concerns/Conditions**
How many times have you attended our program?	When was the last time And at what other Locations have you attended?

**\*\*PLEASE NOTE:** Youth Leadership Coordinators / Toastmasters are not required to have First Aid training.

Printed Name of Parent Authorizing Participation of Child	Signature of Parent / DATE MM/DD/YYYY	Emergency Contact Number

Parents are responsible for providing transportation to and from the sessions. Thank you for helping your child.

Please Provide your email address (for confirming attendance and/or cancellation and advising of meeting roles)	
May we contact you in the future for promotional purposes? (Such as to give a testimonial.)	
May we add you to our mailing list to let you know of upcoming Youth Leadership events? <i>(Some students choose to attend again.)</i>	
How did you hear about Toastmasters Youth Leadership?	

Please email completed form (front & back) to: [naylproject@gmail.com](mailto:naylproject@gmail.com)

We require the above information to register your child in the youth leadership program. The information will be used to create a contact list for the session Coordinators and participants and to maintain an emergency contact list. Any medical information provided will be given to the Coordinators to assist them in recognizing a medical emergency and to call for necessary assistance. We do not supply our email lists or collected contact information to any other organizations.





## Photo Release Form

I consent and authorize Toastmasters International or any entity authorized by Toastmasters International (such as a Toastmasters club or district) to copyright, use and publish any of the images in any format taken of me on this day. I understand these images may be used for a variety of purposes and may appear on the club or district website, the Toastmasters website, in the *Toastmaster* magazine, promotional materials or any other media now known or to be invented. I also understand that Toastmasters International or any entity authorized by Toastmasters International will use the images exclusively for Toastmasters-related purposes and not for any commercial gain.

Since anyone can download an image from the Internet or make copies from printed materials, I agree that Toastmasters International is not responsible for unauthorized use of the images. I am aware that I am not entitled to any compensation and that the images may appear with or without my or my club's name.

By signing below I acknowledge I have read and understand this release.

Event Description: Edmonton Youth Leadership Program

Youth Participant Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

\*Complete Mailing Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please note that your address will not be shared.

Please note that any photos taken may be used for promotional purposes or shared on our Facebook site.

If you do not consent, please sign here: \_\_\_\_\_ Date: \_\_\_\_\_