

# 9<sup>th</sup> Annual EMBODI "Men of Color" Conference

## REGISTRATION FORM & PERMISSION FORM (For Students under 18)

Priority Registration Deadline: April 19, 2019

To be completed by Participants 18 and over OR Parent/Guardian for participants under 18.

### PARTICIPANT'S INFORMATION

Full Name  Age  Grade Level \_\_\_\_\_

Address   Middle School \_\_\_\_\_

City  State  Zip   High School \_\_\_\_\_

Does your son take medication?:  Yes  No  College \_\_\_\_\_

If yes, what?  Name of College: \_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION AND PERMISSION

Emergency Contact:  Phone Number:

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High school seniors and college students have the opportunity to apply for a \$500 scholarship to apply toward your college expenses. Please visit [www.alamo.edu/spc/embodi](http://www.alamo.edu/spc/embodi), and follow the directions to apply. If you are awarded the scholarship, you must attend the conference to accept it, or send a representative to accept the scholarship for you.

### PERMISSION TO PHOTOGRAPH

As part of the EMBODI program, photography serves as a partial means to fulfill the objectives designed to accomplish goals by showcasing the young men. Some examples include: self-esteem projects, historical record, newspaper and awards. The use of photography will only be used to augment the development of the young men in a very positive and constructive manner. As a result, your permission is needed in order for us to use photography as part of our endeavor.

I give the sponsoring organizations permission to publish/display pictures of me/my son participating in this event.

**Please circle:** Yes      No

### NOTICE TO PARENT/GUARDIAN OF SENSITIVE INFORMATION (For participants under the age of 18)

Age appropriate information on sensitive issues, such as religious beliefs, human sexuality, cultural and family values, AIDS, sexually transmitted diseases, substance abuse, suicide and teen pregnancy may arise during this conference. By obtaining your permission, you will allow a healthy interaction that will hopefully provide your son with the confidence needed to come to you, the parent/guardian.

Signature of Responsible Party

**(MUST be signed by Parent/Guardian):**

Date:

Phone Number

Email:

**(Where Responsible Party can be reached):**

Application Submittal Directions: (By submitting this registration form, I certify that my child has my permission to attend.)

Please scan and email application to [mdhrsat@yahoo.com](mailto:mdhrsat@yahoo.com), or fax to 210-486-9081.

You may also submit the application online at [www.alamo.edu/spc/EMBODI](http://www.alamo.edu/spc/EMBODI)