



**Transforming Lives & Restoring Hope, Inc.**  
**The Two-Minute Warning Conference:**  
**Game Changing Power Plays**  
July 16-18, 2015

## Registration Form

### Personal Information

Complete Application (Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Age: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's E-mail Address: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian name: \_\_\_\_\_

Parent's E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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**PARENTAL/GUARDIAN CONSENT/AGREEMENT FORM**

Applicant's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**PARENT PERMISSION TO PARTICIPATE AND PHOTOGRAPH**

My son \_\_\_\_\_ has my permission to participate in all activities organized by or through Transforming Lives & Restoring Hope, Inc. (TLRH), Two-Minute Warning Conference: Game Changing Power Plays. I/We give our permission for our child to participate in discussions and receive information from TLRH authorized conference presenters or from representatives of outside groups whom TLRH deem appropriate. I understand that such discussions may include topics such as: sex, drugs, and other current issues and topics.

I grant permission to use photographic records (website, newsletter, flyers) for promotional purposes without recourse or compensation.

**Please print:**

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

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Liability**

I give permission for my son \_\_\_\_\_ to participate in the Two-Minute Warning Conference: Game Changing Power Plays. I understand that transportation to and from an activity is the sole responsibility of the parent(s)/guardian(s). I also waive, release and discharge all claims for personal and property damages arising out of my son's participation. I also understand that in order for TLRH to maintain a safe and healthy environment all drugs, alcohol, violence, abusive language and misconduct will not be tolerated at any activity or venue.

**Please print:**

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

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_