

Generation Justice: Conference for High School Students (9th – 12th Grade)
Saturday, May 3rd, 2014
9:00 a.m. – 4:00 p.m.
Bowling Green State University

PLEASE DETACH AND SAVE THIS FRONT PAGE FOR YOUR INFORMATION!

In order to participate in this activity, teens and parents/guardians must read this information and complete the permission form, medical form, parent release and liability form and return the forms by April 23, 2014. There is a limited amount of space so we encourage you to respond early. You may return this form by fax, email or post mail to:

Fax: 419-372-0330/ Attn: Sarah Rainey

E-mail: generationjustice2014@gmail.com

Post: Generation Justice Conference
Dr. Sarah Rainey
School of Cultural and Critical Studies
228 Shatzel Hall
Bowling Green, Ohio 43403

Parent and Teen Information

Generation Justice brings high school students from Northwest Ohio together for a one-day conference on social justice. Using primarily a peer- education model (teens teaching teens), the workshops and presentations will focus on skills and information designed to end inequality and oppression. Students will be provided with a spectrum of presentations/ workshops to attend and a keynote speech by Ileana Jiminez. Ms. Jiminez is a High School English teacher in New York City, activist, community organizer and blogger (www.feministteacher.com). The conference will be held on Bowling Green State University's main campus at the Bowen Thompson Student Union. Check in will be outside of the Bowen Thompson Union Theater (room 206 on the second floor of the student union).

Fee: Registration is free for all attendees!

Food/ reception: Attendees will receive a free buffet lunch provided on site at the Bowen- Thompson Student Union.

Parking: Parking is free on Saturdays in the Student Union lot off Thurston St. and the Faculty Staff lot, also located off Thurston St.

Transportation: Parents must **arrange transportation to and from Bowling Green State University** for their own sons and daughters. For students who do not have transportation available, the conference is able to provide transportation to and from the conference for a limited number of students traveling from Toledo. Please document on the registration form if your son or daughter will require transportation.

Code of Conduct: No teen will be allowed to leave the group or the conference site during the activity hours. Teens must agree to follow the directions of Generation Justice Staff and chaperones. Teens are expected to be on their best behavior during travel and during the event.

Bowling Green State University

Generation Justice Registration

Permission Form

As parent/legal guardian of (teen name) _____, I have reviewed the information about the Bowling Green State University (BGSU) Generation Justice Conference at the Bowen-Thompson Student Union of the Main Campus in Ohio, and give permission for my child to travel to and be involved in this day log event.

I/We understand that teens attending this even must be dropped off at the Bowen-Thompson Student Union's entrance, on BGSU's main campus, by **8:30 a.m. on Saturday, May 3, 2014** and will be **picked up at the entrance at approximately 4:30-5:00 p.m. that day.** I/We have reviewed the attached information about this activity and have discussed it with my/our teen. I/We are also submitting a completed and signed conference registration form.

I/We authorized any emergency medical treatment as deemed necessary, and have completed the attached medical form.

I/We agree to make no claims against Bowling Green State University. I/We understand that all reasonable safety precautions will be taken at all times by the BGSU Chaperones of the Generation Justice conference to and during participation. I/We agree not to hold the BGSU, its trustees, chaperones, employees, or volunteer staff liable for damages, losses, or injuries incurred by the subject of this form, including any claims for negligence. I have completed the attached liability form.

Parent/Guardian Signature _____ Date _____

Teen Signature Signature _____ Date _____

Name of High School: _____

Teen's Email Address: _____

You do not have to sign the following Photo Release in order to attend the Activity.

Photo Release: I hereby consent that photographs of my teen taken at the **Generation Justice Conference** may be used by **Bowling Green State University** in publicity, newspaper articles, and audiovisual presentations; furthermore, I hereby consent that such photographs and the plates from which they are made shall be their property, and they shall have the right to duplicate, reproduce, and make other uses of such photographs and plates as they may desire free and clear of any claims whatsoever on my part.

Parent/Guardian Signature _____ Date _____

MEDICAL HISTORY AND CONSENT FOR EMERGENCY MEDICAL TREATMENT

Directions: Parents of minors must complete this form for program staff to provide routine health care and seek emergency medical treatment. Please answer all questions. Please type or print in black ink. Attach any permission forms from your physician to dispense medication to this form. **Incomplete forms will be returned.**

PARTICIPANT INFORMATION

Participant's Name _____ Gender _____
 Home Address _____ Date of Birth _____ Age _____
 City/State/Zip _____ Home Phone _____
 Name of Program Attending _____ From ____/____/____ To ____/____/____
 Overnight [] Yes [] No

EMERGENCY NOTIFICATION (PARENT OR GUARDIAN)

Before a participant under 18 years of age can be treated, the law requires us to obtain parent/guardian consent for treatment. Accordingly, for the safety and well-being of the participant, please provide us with as many phone numbers as possible.

PRIMARY CONTACT

Name _____
 Address _____
 Relationship _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Email Address _____

SECONDARY CONTACT

Name _____
 Address _____
 Relationship _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Email Address _____

PHYSICIAN INFORMATION

Family Physician _____
 Address _____
 Phone _____

SPECIALIST INFORMATION

Specialist Name _____
 Address _____
 Phone _____

DENTIST INFORMATION

Family Dentist _____
 Address _____
 Phone _____

SPORTS CAMPS ONLY:

Date of last physical examination ____/____/____
 Sport or activity cleared for: _____
 List any Restrictions _____

MEDICAL HISTORY – Please indicate if the participant has any chronic childhood conditions or diseases related to the following and list details, including any activity restrictions in the space provided.

- | | |
|---|---|
| <input type="checkbox"/> Arthritis & Rheumatologic Conditions | <input type="checkbox"/> Genetic, Chromosomal, & Metabolic Conditions |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart & Blood Vessels |
| <input type="checkbox"/> Bones & Muscles | <input type="checkbox"/> Kidney & Urinary System |
| <input type="checkbox"/> Brain & Nervous System | <input type="checkbox"/> Learning Disorders |
| <input type="checkbox"/> Cancer & Tumors | <input type="checkbox"/> Lungs & Respiratory System |
| <input type="checkbox"/> Digestive System | <input type="checkbox"/> Sexual & Reproductive System |
| <input type="checkbox"/> Ears, Nose, Throat/Speech, & Hearing | <input type="checkbox"/> Skin Disorders |
| <input type="checkbox"/> Endocrine Glands, Growth, & Diabetes | <input type="checkbox"/> Sleep Disorders |

Details: _____

Participant's Name _____

ALLERGIES - this person has no allergies OR this person has allergies as follows:

TYPE (Insect, Food, Medications)	DESCRIBE REACTION

MEDICATIONS - this person takes no medications OR this person takes medications as follows:

MEDICATIONS	DOSAGE	FREQUENCY	DIAGNOSIS

Note: Our program staff is unable to administer any medications, (prescription or non-prescription) to participants without a signed order by a licensed physician. The Permission to Dispense Medication by Camp Program Staff Form is available for this purpose. Parents or guardians may not send any prescription or over-the-counter medication with a participant that a physician has not signed for.

DISABILITY – Please indicate if participant is handicapped or disabled in any way: Psychological Neurological Hearing Pulmonary Learning Mobility Other _____

CURRENT MEDICAL CONDITIONS - Please indicate if participant currently has any medical conditions or limitations that do not constitute a handicap or a disability that would impair or limit the participant from fully engaging in the activities of the camp for which the participant is registering, and provide a complete description of such conditions or limitations: _____

MEDICAL INSURANCE INFORMATION – Is the participant covered by more than one health plan? Yes No

Name of Policyholder _____
 Policyholder ID # _____
 Policyholder Date of Birth _____
 Relationship to Participant _____
 Policyholder Phone _____
 Medical Insurer Name _____
 Plan Type _____
 Insurer Address _____

 Insurer Phone _____
 Group Name _____
 Group ID # _____

PLEASE PROVIDE A COPY OF THE FRONT AND BACK OF ALL INSURANCE CARDS AND PRESCRIPTION ID CARD.

Prescription Carrier Name _____
 Policyholder same as listed above? _____
 Carrier Address _____

 Carrier Phone _____
 Group Name _____
 Group ID # _____

IMMUNIZATIONS

The participant has been immunized in accordance with the recommended immunization schedules for children and adolescents approved by the CDC and The American Academy of Pediatrics Yes No. PLEASE NOTE: FOR PARTICIPANTS OF RESIDENTIAL CAMPS, A COMPLETE IMMUNIZATION RECORD IS REQUIRED.

CONSENT FOR MEDICAL TREATMENT

In the event reasonable attempts to contact me are unsuccessful, **PERMISSION** is hereby granted for the examination, treatment and medical care of the participant by the BGSU Student Health Service or another duly licensed healthcare facility. **PERMISSION** is also granted to execute on behalf of the participant any admission or consent forms needed to obtain such treatment. By signing below, I agree that I have read the foregoing and consent to the terms and conditions as stated.

_____ **Signature of Parent/Guardian** _____ **Print Name** _____ **Date**

STAFF USE:
 Form Complete Yes No Reviewed by: _____ Action Needed: _____

University Records Retention Policies recommend that consent forms for minors be kept for a minimum of six years

BOWLING GREEN STATE UNIVERSITY
LIABILITY RELEASE, WAIVER, DISCHARGE AND AGREEMENT NOT TO SUE

For Minor Participation (Gr. K -12)

1. I desire that my child _____ participate in the following activity/trip _____ (“Activity”), to be held on _____. I fully understand and appreciate the dangers, hazards, and risks inherent in the Activity, in the transportation to and from the Activity (if applicable), and in any activities undertaken supplemental to the Activity. These dangers and risks can result in injury and impairment to my body, general health, well being, and could include serious or even mortal injuries and property damage.

2. Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the Activity, on behalf of myself, my family, heirs, and personal representative(s), I agree to assume all the risks and responsibilities surrounding my child’s participation in the Activity, the transportation, and in any activities undertaken as supplemental and to release, waive, forever discharge, and covenant not to sue the State of Ohio, Bowling Green State University, and its governing board, officers, agents, employees and any students acting as employees (“Releasees”), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by my child or by any property belonging to my child, whether caused by the negligence or carelessness of the Releasees, or otherwise, while in, on, upon, or in transit to or from the premises where the Activity, or any supplement to the Activity, occurs or is being conducted.

3. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

4. It is my express intent that this release and hold harmless agreement shall bind myself, the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a “Release, Waiver, Discharge and Covenant” not to sue the Releasees.

5. In signing this Release, I acknowledge and represent that I have carefully read this Agreement and understand its contents and that I sign this document as my own free act and deed. I further state that I am an adult and fully competent to sign this Agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my child’s participation in this activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to my child.

6. I further agree that this Release shall be construed in accordance with the laws of the State of Ohio. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Signature of Parent or
Guardian: _____ Date: _____

Print Name: _____