



TRIANGLE UPLIFT FOUNDATION 501c3

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YOUTH INNOVATION SUMMIT

Student Application

Deadline: Application must be postmarked by December 15, 2018.

Completion of application does not guarantee admission.

Participation limited to Triangle-area students.

First Name _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____

Email Address _____ Cell Phone (____) _____

Gender _____ Age _____ Grade (restricted to grades 5-12) _____ T-shirt Size (Adult: XS, S, M, L, XL, 2XL, 3XL) _____

Current School _____

Did you attend the 2018 Youth Innovation Summit? Yes _____ No _____

Parent/Guardian Name _____

Parent/Guardian Home Address (if different from Student) _____

City _____ State _____ Zip _____

Parent/Guardian Email _____ Parent/Guardian Home Phone (____) _____

Parent/Guardian Cell # (____) _____ Phone Number during the evening (____) _____

With whom does the student reside? _____

Name of Emergency Contact Person _____

Relationship of Emergency Contact Person to Student _____

Cell Phone Number of Emergency Contact Person (____) _____

Will the Parent/ Guardian be attending the Parent Session? Yes _____ No _____ .

If Yes, must complete parent application and attach. (Limit 1 parent per family.)

Students, rank your area of interest: Science, Technology, Engineering, Arts, and Mathematics.

Place your ranking here

Plans to attend College: Yes _____ No _____ Give a brief description of yourself and your future goals:

Waiver

Parental Agreement, Liability Waiver, and Consent Form Youth Innovation Summit January 19, 2019

I understand the participation of my child/ward in the Youth Innovation Summit will include the following. The events of the Youth Innovation Summit will be in a classroom setting. All Youth Innovation Summit students are expected to remain on campus with the workshops in which they are enrolled. Triangle Uplift Foundation will bear the full cost of workshop materials and food for each participant in the event. Parent/Guardian must provide Transportation to and from the Youth Innovation Summit.

I understand that signing this release form is an acceptance to the above and a prerequisite to participate in the Youth Innovation Summit. In addition, it is your responsibility to inform the Program Coordinator of this program of any extenuating circumstances (medical, physical, diet, or mental) that affects the well-being of the participant or might detract from learning experiences of the other participants.

The Triangle Uplift Foundation may photograph and video my child during the program, activities, and events. I hereby consent to the use of these photos and videos by the Triangle Uplift Foundation. Parents and Guardians are also responsible for ensuring each participant has no weapons, drugs, or any illegal substance that causes threat to him or the general body of participants.

I understand that participating in the Youth Innovation Summit program involves risk. These risks include, but are not limited to, inclement weather, facility or equipment problems or failures, contacts with and actions of other participants, and physical injuries, among others. I choose for my child and myself to participate in the program despite the risks. By signing this form, I acknowledge all risks of injury, illness, and death and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I certify that there are no medical or other reasons why my child should not participate in this program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers, supervisors, and staff of the program. In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive and discharge any legal rights I may have to seek payment or relief of any kind from Triangle Uplift Foundation or Youth Innovation Summit; their respective employees or agents for injury, illness, or death [to me or my child] resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I, the undersigned parent or guardian, understand that an emergency situation may arise where the delay of medical or surgical procedures could endanger the well-being of my child. I do hereby grant permission to the staff of Youth Innovation Summit to render judgment in my absence concerning medical assistance or hospital care in the event of an accident or illness.

I ACKNOWLEDGE THAT ALL INFORMATION IS CORRECT, AND MY CHILD IS PHYSICALLY AND EMOTIONALLY CAPABLE OF POSITIVELY PARTICIPATING IN SPECIFIED PROGRAM ACTIVITIES. BY SIGNING THE BOX BELOW, I GRANT CONSENT TO ALL PERMISSIONS AND AGREE TO ALL WAIVERS ON THIS REGISTRATION FORM AS NOTED.

Parent / Guardian Signature: _____ Date: _____

For internal use

Referred by _____

Date received: _____ Accepted Y/N: _____