



Iranian American Youth Leadership Workshop



Iranian-American Youth Leadership Workshop ("IAYLW") Registration Form Module V – Youth Civic Participation Workshop Sat. June 26, 2010

* Please fill out form for each child completely and return via fax or e-mail provided below

EVENT INFORMATION

Location: UCSD – La Jolla- Center Hall, Room 203
Dates: Saturday June 26, 2010 (8:30am-3:00pm)
Registration Fee: FREE

IRANIAN AMERICAN YOUTH LEADER INFORMATION

Youth Leader's Full Name: _____ DOB: _____ Gender M F
School: _____ Grade Level in School 9 10 11 12
Home Address: _____ City _____ State _____ Zip _____
Student E-mail: _____
Do you require special accommodations under provision of the Americans with Disabilities Act? Y N
If yes, please state the nature of the accommodation required:

EXPRESSED PARENTAL CONSENT AND ASSUMPTION OF RISK

I declare that my child _____ has had medical examination in the past 12 months; is fit and able to attend and participate in IAYLW. I further understand that I will provide lunch for my child. I understand that I am invited to observe my child during the workshop. However, to allow your child to receive maximum benefit from this workshop, I understand that I should refrain from interfering in my child's workshop activities. I understand that based on the number of students adequate number of volunteers and resources will be utilized. I therefore commit that by sending in this form my child will definitely attend this workshop. May we publish your feedback? Y N
-May we publish your or your Child's feedback about IAYLW? Y N May we publish his/her photos on our site? Y N
- Will you be staying and observing the workshop? Y N
- Willing to volunteer at the workshop? Y N
- Would like my child to attend future leadership workshops? Y N
- Would like to receive information and news about future leadership workshops? Y N

Signature of Responsible Parent or Guardian: _____
Print name of consenting parent or guardian _____
Address if different from your child's _____ City _____ State _____ Zip _____
Phone Number in case of Emergency: (____) _____ Email: _____

Mail this form to:
IAYLW-Ali Golchin & Bijan Zayer
1251 Third Avenue, Suite 203
Chula Vista, CA 91911
IAYOUTHLEADERS@GMAIL.COM
Phone: (619) 325-7555
Fax: (619) 270-9820