

Michigan Youth Awareness Association Congress Registration & Consent Form

This form must be completed for each student that attends a Youth Awareness Association Congress

DATE OF ASSOCIATION CONGRESS: _____ PRESENTER: _____

SPONSOR INFORMATION (TO BE COMPLETED BY MOOSE):

FRATERNAL UNIT (FRU) NAME: _____

FRU NUMBER: _____

STUDENT CONTACT INFORMATION:

NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

E-MAIL (Please provide a personal email--not school provided):

SCHOOL NAME: _____

GRADE: _____

For the purpose of consent to attend the Youth Awareness Association/International Student Congress at this time, place and date indicated above. I give my consent to allow my child to participate in this workshop. And if selected as a State Delegate to International.

PRINT PARENT(S) or LEGAL GUARIDAN(S) NAME

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN SIGNATURE

PUBLICITY RELEASE

Moose International may use my students name and photograph in publicity concerning the Youth Awareness Program.

Signature of Student Representative

Date this _____ day of _____, 20_____.