

**Adult Sponsor Registration Form**  
(Registration Fee : \$400)

**2012 Say What! Texas Tobacco-Free Conference**

**July 22-25, 2012**

The Woodlands Resort and Conference Center - The Woodlands, TX

**Instructions:**

Please use one form per registrant and **fill out form completely**. Please **TYPE** or **PRINT clearly**. Adult sponsors are responsible for faxing or mailing all completed Adult Sponsor Forms, Youth Registration Forms, and all Liability and Medical Release Forms to Texas School Safety Center (TxSSC) by the registration deadline of June 1, 2012. **Make check or money order payable to TxState/TxSSC. Payment must be received in full prior to the conference to ensure confirmation.**

**Registration Deadline: June 1, 2012**

**Registration Fee: \$400**

**Group Name:** \_\_\_\_\_

*(This is how the group will be identified. The organization should be the same on each of the youth registration forms)*

Sponsor's Full Name \_\_\_\_\_ Male / Female

Organization's Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

Send information regarding summit to ☐ HOME Address ☐ ORGANIZATION Address

T-shirt Size: (circle one) S M L XL XXL other: \_\_\_\_\_

Ethnic Background (circle one)

White / African American / Hispanic / Asian / Native American / Other \_\_\_\_\_

**I will be accompanying the following youth to the conference:**

*(The first and last name of each youth must be listed here for your application to be considered complete)*

1) \_\_\_\_\_ 4) \_\_\_\_\_

2) \_\_\_\_\_ 5) \_\_\_\_\_

3) \_\_\_\_\_ 6) \_\_\_\_\_

7) \_\_\_\_\_ 8) \_\_\_\_\_

9) \_\_\_\_\_ 10) \_\_\_\_\_

**I understand that:**

- a. I am responsible for these youth while at the conference, and
- b. I must stay on site for the duration of the conference, and
- c. I will participate in all conference activities, and
- d. I release TxSSC & DSHS to use ideas, photographs and / or film that may be taken during conference activities.
- e. I am responsible for notifying TxSSC of any and all cancellations no later than 15 days prior to the conference. Replacements will be accepted. However, if there are no-shows without replacements at the conference, I understand the sponsoring organization will be billed \$100 per person not present.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Texas School Safety Center / Texas State University-San Marcos  
350 North Guadalupe, Suite 140, PMB 164 San Marcos, TX 78666  
Toll-Free 877-304-2727 Fax 512-245-1465

**Youth Registration Form**  
**(Registration Fee: \$400)**

**2012 Say What! Texas Tobacco-Free Conference**

**July 22-25, 2012**

The Woodlands Resort and Conference Center – The Woodlands, TX

**Deadline for PAID Registration: June 1, 2012**  
**Registration Fee: \$400**

**Instructions:**

Please use one form per registrant and **fill out form completely**. Please **TYPE** or **PRINT** clearly. Adult sponsors are responsible for faxing or mailing all completed Sponsor and Youth Registration Forms and Liability/ Medical Release Forms to Texas School Safety Center (TxSSC) by the registration deadline of June 1, 2012. **Make check or money order payable to TxState/TxSSC. Payment must be received in full prior to the conference to ensure confirmation.**

**Group Name:** \_\_\_\_\_

*(This is how your group will be identified. The organization should be the same on each of your group's registration forms.)*

Youth's Full Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ M / F

T-shirt Size: (circle one) S M L XL XXL Other: \_\_\_\_\_ Grade level entering next school year \_\_\_\_\_

Ethnic Background (circle one): White / African American / Hispanic / Asian / Native American / Other \_\_\_\_\_

**Name of the Adult Sponsor accompanying you to the conference:** \_\_\_\_\_

*(There must be an Adult Sponsor's name provided on this registration form, and this registration form must be attached to the Adult Sponsor's and other youth registration forms from your organization/school)*

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

Parent/Guardian Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

**Two Emergency Contact Persons (other than parent/guardian):**

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**I understand that:**

- a. I must stay on site the entire time the conference is in session, and
- b. I will participate in all conference activities, and
- c. I release TxSSC & DSHS to use ideas, photographs and / or film that may be taken during conference activities.

**Liability and Medical Release Form**

**Irrevocable Release of All Claims**

In consideration for being accepted by the Texas School Safety Center (TxSSC) and Texas State University-San Marcos (TxState) for participation at the 2012 Say What! Texas Tobacco-Free Conference, we (I) being 21 years or age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless TxSSC, TxState and The Woodlands Resort and Conference Center and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participation in the above named conference.

Furthermore, we (I) (and on the behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and all activities involved there.

Furthermore, authorization and permission is hereby given to said organization or church to furnish any necessary transportation, food and lodging of this participant.

The undersigned further agree to hold harmless and indemnify said organization or church, its directors, employees and agents, for any liability sustained by said organization or church as the result of negligent, willful or intentional act or said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are the parents(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said activity, and hereby given our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and **assume the responsibility or all medical bills.**

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

**Medical Insurance?** ☐ YES ☐ NO

Insurance Company Name \_\_\_\_\_

Policy #: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone: (\_\_\_\_\_) \_\_\_\_\_

Will minor be taking any medication? ☐ YES ☐ NO

If YES, please specify: \_\_\_\_\_

Is minor allergic to any medication? ☐ YES ☐ NO

If YES, please specify: \_\_\_\_\_

**We (I), understand the onsite nurse and/or the adult sponsor will administer the required medication to my child.**

**We (I), understand that The Woodlands provides ONLY supplemental insurance coverage. I hereby assume responsibly of all medical costs.**

Parent's Printed Name \_\_\_\_\_

Parent's Signature and Date \_\_\_\_\_

Youth's Signature and Date \_\_\_\_\_

**CANCELLATION POLICY:** The Sponsor is responsible for notifying TxSSC of any and all cancellations no later than 15 days prior to the conference. Replacements will be accepted. However, if there are no-shows without replacements at the conference, the sponsoring organization will be billed \$100 per person not present. **Adult Sponsor initials:** \_\_\_\_\_

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