



Pacific and Asian Affairs Council (PAAC)

High School Program

Student Registration and Waiver Form

Global Vision Summit
March 3, 2012

To register for the Global Vision Summit, please complete this form and turn in your \$10 registration fee (includes optional \$3 donation to Charity:Water) to your chaperone, who will forward them to PAAC.

	Vegetarian? Y N
Full Name: _____	Gender: M F
First Name Middle Initial Last Name	
School: _____ Grade: _____ Chaperone's Name: _____	
Email address (print clearly): _____	

For over 55 years, PAAC has enjoyed the distinction of having one of the best statewide high school programs in the United States. Your positive contribution to PAAC will help maintain this reputation. While participating in PAAC activities, behavior consistent with PAAC's goals and image is expected. You are expected to respect and comply with the rules and regulations established for each event. Failure to do so will result in your being returned home by the quickest means possible, potentially at your own expense. Additionally, you will be banned from attending all future PAAC statewide events.

I understand the above conditions and agree to abide by them. _____
Student Signature

Approval of Parent or Guardian and Waiver of Claims

I hereby approve the participation of _____ (name of child) in PAAC's statewide high school program. I understand that the PAAC staff will provide information regarding each activity to my child via the PAAC Club advisor or After-School Class teacher in his/her school. It is the responsibility of my child to inform me of the dates and venues of these events.

I expressly waive any and all claims against the Pacific and Asian Affairs Council (PAAC) and the Department of Education (DOE), their respective board members, employees, agents, representatives and successors, arising from or in connection with any accident, injury, illness, or other damage that may be incurred by the aforementioned student or said person's property in connection with or incident to his/her attendance at PAAC events, including travel to and from PAAC activities.

Parent/Guardian Signature: _____ Date: _____

Emergency Medical Authorization

In case of emergency, please call: _____ (name)
_____ (relationship to student) _____ (phone #)

I hereby authorize the medical treatment of the student named above by any licensed physician in the event of a medical emergency. He/she is covered by the following health plan/insurance company:

Company/Plan Name: _____ Account #: _____

Parent/Guardian Signature: _____ Date: _____

Photograph and Media Waiver (required)

I consent to let photographs of my child participating in PAAC activities be used for publicity or grant reporting purposes (for example, on the PAAC web page or in annual reports). I understand that newspaper or television media may be present at this event. I give permission for my child to appear in the newspaper or on television.

Parent/Guardian Signature: _____ Date: _____