



STUDENT REGISTRATION FORM

CHANGE STARTS HERE PeaceJam.org

For Office Use Only

Conference Fee Paid: _____ Not Paid: _____ Full Scholarship _____ Partial Scholarship _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

E-Mail: _____

Fax Number: _____

School/Organization: _____

Teacher/Sponsor's Name _____

Parent/Guardian Name: _____

Parent/Guardian Home Phone: _____ Work Phone: _____

Vegetarian meal needed? Yes No

Other food allergies/ other needs you would like us to be aware of?

PEACEJAMMER CONTRACT

As a PeaceJammer for the PeaceJam Youth Conference on March 29-30, 2008, in Houston, Texas, I agree to the following:

I agree to remain with the organizational members throughout the two-day program.
I agree to silence my cell phone or pager throughout the event.

WHAT I'LL BRING

- weather appropriate clothing, pens, pencils, notebooks, camera.

WHAT I WILL NOT BRING

- blasters/CD players of any kind, glass containers, weapons/pocket knives, non-prescription drugs & alcohol

DATE

PEACEJAMMER SIGNATURE

Please address all correspondence to: Jamie Parker
University of Houston • Graduate College of Social Work
237 Social Work Building • Houston, TX 77204 • tele (713) 743-8039 • fax (713) 743-8149
pjam@central.uh.edu • <http://www.peacejam.org>

Student Name: _____			
Home Address: _____	City: _____	State: _____	Zip: _____
Home Phone: _____	Work Phone: _____		
School/Organization: _____			
Parent/Guardian Name: _____			
Parent/Guardian Home Phone: _____	Work Phone: _____		

Allergies (Please Describe): _____

Allergies to Prescription Drugs: Yes: _____ No: _____

If yes, name drug(s): _____

Are you on medication now? Yes _____ No _____

If yes, name the medication(s): _____

Doctor's Name: _____ Telephone: _____

Medical Insurance Carrier: _____

Policy # _____

Agent's Name & Telephone: _____

Contact in Case of Emergency (please provide the names & telephone numbers of at least 3 people)

Any other health concerns or special needs you would like us to be aware of?

Please Select One

- I do authorize the PeaceJam Foundation, staff member, or Affiliate Director, in the event that I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment for my child while participating in the PeaceJam Youth Conference or Slam events. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.
- I do not authorize the PeaceJam Foundation, staff member, or Affiliate Director in the event that I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment for my child while participating the PeaceJam Youth Conference or Slam events. **It is understood that I will not hold the PeaceJam Foundation responsible for results of my decision to deny permission to give consent for medical care.**

Parent/Guardian Signature: _____ Date: _____

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PEACEJAM RELEASE

This release is executed on the _____ day of _____, 20____,
by _____ (“Student” or “Youth”)
and _____ (“Parent” or “Guardian”) (collectively “Releasers”) in favor of the
PeaceJam Foundation and the University of Houston (collectively “Parties Released”).

In consideration of the Student’s being allowed to participate in PeaceJam instructional, workshop, and outreach activities scheduled to take place on March 29-30, 2008, (the “Activities”) including, but not limited to, feeding the homeless at homeless shelters, painting, gardening, building maintenance, etc. Releasers hereby acknowledge that they have had the opportunity to determine the nature of the Activities and the manner in which they will be conducted. Having such knowledge or having waived the right to obtain such knowledge, Releasers hereby personally assume all risks in connection with the Activities and further release the Parties Released and their instructors, agents, employees, volunteers, operators, officers, and trustees from liability for any harm, injury, or damage which may befall the Student while engaged in the Activities, traveling to or from the sites of the Activities, or arising from the Student’s presence at or near the sites of the Activities, including all risks connected therewith, whether foreseen or unforeseen, and whether arising from the negligence of the Parties Released or their instructors, agents, employees, volunteers, operators, officers, and trustees. Releasers further agree to save and hold harmless the Parties Released and the above persons from any claim by Releasers or their family, estate, heirs, or assigns, which arise out of the Activities.

Releasers acknowledge that the Activities may involve transportation by bus, private vehicle, or other mode of transportation, and may involve outreach activities beyond the scope of traditional academic functions including outreach activities into impoverished neighborhoods involving direct personal contact. Releasers acknowledge that the Student’s participation in the Activities is voluntary, and that such participation potentially involves risks which are impossible to predict, but which may be beyond the scope of risks normally associated with the traditional academic functions. These risks may include but are not limited to loss or damage to personal property, and the risk of sickness, personal injury, death, etc., while participating in the Activities.

Releasers understand that parts of the Activities may be physically and/or emotionally demanding. Releasers affirm that the Student is not under a physician’s care for any condition that might endanger the Student’s health as a result of participation in the Activities, or endanger the health of other participants. Releasers understand that they are assuming the risk of any physical injury that might result to the Student a result of the Student’s participating in the Activities.

Releasers hereby grant to the Parties Released and all persons or entities acting for or through them the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, sound recordings, and other media presentations of any kind whatsoever, in which the Student may appear and which are made or produced in connection with the Activities.

Releasers state that they fully understand that the terms of this Release are contractual and not a mere recital, and that they have signed this document as their own free act. Releasers state that they have fully informed themselves of the content of this Release by reading it before signing it.

NOTE: At least one Parent/Legal Guardian must sign this Release, if the Student is under eighteen years of age.

Student _____ Parent or Guardian _____

Date _____ Parent or Guardian _____

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