



**Registration & Permission Form**  
**Youth Council Summit**  
**October 23, 2020 - From 9AM to 4PM**  
**The Walker School, 700 Cobb Parkway, NE**  
**Marietta, GA 30062**  
Registration Deadline 10/15/10

Name (*Last*): \_\_\_\_\_ (*First*): \_\_\_\_\_ Age: \_\_\_\_\_

Demographics(*Circle*): African-American, Asian, Caucasian, Latino, Native American, Other - Gender(*Circle*): Male or Female

School Name: \_\_\_\_\_ Grade: \_\_\_\_ Youth Group Name: \_\_\_\_\_

Youth Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Facebook/MySpace: \_\_\_\_\_

**Indicate Preference for 2011 Spring Youth Council Summit Date:**

**(check only one box)  4/30/11 *or*  5/14/11**

Name of Parent or Guardian: \_\_\_\_\_

Phone Number: (*Daytime*) \_\_\_\_\_ (*Evening*) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone Number: (*Daytime*) \_\_\_\_\_ (*Evening*) \_\_\_\_\_

**PERMISSION and Authorization to Reproduce Physical Likeness**

I request that \_\_\_\_\_ be allowed to participate in the Cobb Alcohol Taskforce Youth Council's programs and activities. I release and waive, and further agree to indemnify, hold harmless or reimburse Cobb Alcohol Taskforce Youth Council, its successors and assigns, its members, agents, and employee, and representative thereof, as well as adult advisors for this program, from and against any claim which I, any other parent or guardian, any sibling, the student or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the student's participation with this organization, or rendering of emergency medical procedures, if any:

I hereby expressly grant the producers of Cobb Alcohol Taskforce Youth Council, their agents and assigns, the right to photograph my child and use picture, silhouette and other reproductions of physical likeness (as same may appear in any still camera photograph, and/or motion picture film or videotape), and as in connection with this project, theatrically, on television or otherwise in which the same may be used or incorporated, and also in the advertising, exploiting and/or publicizing of any media, including use in electronic versions (CDROM, DVD, Web). I further give the Cobb Alcohol Taskforce Youth Council the right to reproduce in any manner whatsoever any recordings made by Cobb Alcohol Taskforce Youth Council, of my child's voice and/other sound effects produced as a result of participation in the Cobb Alcohol Taskforce Youth Council.

I certify and represent that I have read the foregoing and fully understand the meaning and effect of this release and intend to be legally bound by it.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail, email, or fax completed Registration and Permission to:**

**Afiya H. King, Youth Council Manager**

Cobb Alcohol Taskforce, 995 Roswell St., Suite 326, Marietta, GA 30060

Email [aking@livedrugfree.org](mailto:aking@livedrugfree.org)

Fax: 866-324-7558

Web: [www.cobbat.org](http://www.cobbat.org)