

WA National Guard Child & Youth Program
NGAW Conference



Date & Location of Event: NGAW 16 & 17 May 2015

Youth #1 Name / Age	Youth #2 Name / Age
Youth #3 Name / Age	Youth #4 Name / Age
Youth #5 Name / Age	Youth #6 Name / Age
Parent Name	Telephone Number Cell (contact number during event)
Would you like to be added to the Youth Programs Newsletter? Email:	City
Do your youth have any allergies to food / medical concerns that we should be aware of? ___ Yes ___ No If yes, please list	
<p>Photo & Media Release In permitting my child to participate in the Washington National Guard Family Activities and Training., I am specifically granting my permission both during and anytime after to the Washington National Guard Family Programs to use the above named likeness, name, voice, and words in television, radio, film, newspaper, magazine, and other media and in any form for the purpose of communicating for the purpose and activities of the Washington National Guard Family Programs and / or applying for funds to support these purposes and activities.</p> <p style="text-align: right;">Initials _____</p>	
<p>Parental Permission Slip and Waiver Form I hereby grant permission for my child to participate in the youth activities to be held at the Skamania Resort and I hereby voluntarily waive any claim against the Washington National Guard Family Program and Youth Program, the Washington Military Department, the State of Washington, the United States of America and their employees, for any or all causes which may arise in connection with the participation in the event described above.</p> <p style="text-align: right;">Initials _____</p>	
Print Name (Legal Guardian)	Legal Guardian Signature / Date
Saturday Sign In	Sign Out
Saturday Evening Sign In	Sign Out
Sunday Sign In	Sign Out