

2017 Regional Teen

10.25.17

Human Rights Symposium

and Unity Concert

Courageous Conversations



Registration Form

Name of Participant _____

Address _____

City _____ State _____ Zip _____

Parent/Guardians Name _____

Home Phone _____

Parent/Guardian Cell Phone _____

Parent/Guardian/Participant Email Address

Participant Birth date ____/____/____

Emergency Contact (other than parent) _____

Emergency Contact Phone Number _____

Tshirt Size (circle one):

Small Medium Large XLarge XXLarge

Payment Information (\$110 per participant) Check # _____

Credit Card # _____ - _____ - _____ - _____

Exp ____/____ CVS 3 digit # _____

Amount \$ _____ Signature _____

Return to:
414 West Fort Grounds Dr.
Coeur d'Alene ID 83814
Phone: 208-292-2359
Fax: 888-872-1516
E-mail: JLaster@HREI.org



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Medical Form

Name of Participant _____

Insurance Company _____

Policy Holder's Name _____

Policy # or Social Security # _____

Special Diet _____

Special Needs _____

In case of emergency, every attempt will be made to contact a parent/guardian. If parent/guardian cannot be found, I hereby give permission to the medical personnel selected by the Human Rights Education Institute to order any necessary x-rays, tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. I also hereby grant permission for the Human Rights Education Institute to transport my child, if necessary. I also give permission to the physician selected by the Human Rights Education Institute to secure and administer treatment, including hospitalization, for my child. I hereby agree to be responsible for payment of all costs and expenses of any health care provider or other person who acts in reliance upon this consent and authorization for treatment. I grant my child permission to participate in symposium activities and covenant with the Human Rights Education Institute that I will never institute any action against the Human Rights Education Institute in regard to any personal injuries or injuries to property arising from any symposium or related activities. I understand and acknowledge that symposium activities have inherent dangers that no amount of care, caution, instruction or experience can eliminate, and I expressly and voluntarily assume all risk for personal injury sustained by my child while participating in these activities whether or not caused by the negligence of the released parties.

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Media Statement:

I hereby grant permission to the Human Rights Education Institute to record, by videotape, photograph or other means of reproduction, voice, image and physical likeness of my child and to use any such recorded matter for promotional purposes without further consent or compensation.

Do you agree to the media statement above?

Yes No

If you are in agreement with and understand the statements above, please sign below. If you do not sign below, your registration will be considered null and void, it will not be accepted by the Human Rights Education Institute, your payment will be returned, and your child will not be registered for summer camp.

Parent/Guardian Signature or Participant if under
(required for registration)

