

Rise Up/Twin Cities Middle School Conference– March 21, 2020

Registration Form – For students currently in Grades 6-8

PARTICIPANT INFORMATION

(All information is required for registration and conference updates)

Participant's Name: _____ Grade: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Gender: M or F Birthdate (mm/dd/yy): _____ T-shirt size: S M L XL XXL (*adult sizes*)

Have many Rise Up Conferences have you attended before? _____

Special Diet or allergies: _____

Chronic medical problems: _____

Current medications & reason for taking: _____

Will your family be able to pay the full \$60.00? (*circle one*) YES/NO

If NO, how much of the total cost can you afford to pay? _____

PARENT INFORMATION

Mother's Name: Ms./Mrs. _____

Address (if different than participant): _____

Email address: _____ Home Phone #: _____ Cell Phone #: _____

Father's Name: _____

Address (if different from participant): _____

Email address: _____ Home Phone #: _____ Cell Phone #: _____

Name of Emergency Contact: _____

Relation to participant: _____ Home Phone #: _____ Cell Phone #: _____

COMMITMENT STATEMENT

I, _____ parent/legal guardian of _____, do hereby give permission to have my son/daughter attend the **Rise Up Middle School Conference in Plymouth, Minnesota on March 21, 2020**. I understand that in order for my child to attend this conference, he/she must comply with all rules related to the Conference, and that \$60 is due with this form to reserve a spot for your child before it fills up.

Signature of Parent/Legal Guardian (required for registration)