

“Color Me Confident”

Healing in His Wings, GSU Pre-Nursing Live & Learn, Plus Positive, Inc., GSU NSGS, and Mercy Health Operations, Inc.

****REGISTRATION FORMS MUST BE RECEIVED BY March 14, 2016 @ 5pm****

**Conference held at Georgia State University Indian Creek Lodge 900 S. Indian Creek Stone Mountain, GA 30083
Saturday, March 26, 2016 11:00am – 4:00pm**

Participant’s Name _____ Male or Female _____ Group Affiliate _____
(PLEASE PRINT)

Address _____ City _____ ZIP CODE _____

Date of Birth _____ Grade as of May 2012 _____ High School/College _____

E-MAIL _____ Name of Parent/Guardian _____ Phone # _____

Parent/Guardian’s Cell # _____ Attendee’s Cell # _____ T- Shirt Size _____

Parent/Guardian: Please complete and sign both sections below.

In case of an emergency, we will contact the adult listed above. We request that the adult provide another contact (not living at same address) that they authorize to act on his/her behalf should the parent not be available.

Emergency Contact Name: _____ Address: _____

Phone Number: _____ Relationship to Parent/Student: _____

Health Insurance Company: _____ Name of Insured: _____

Please INDICATE on the back: List any **health conditions, allergies or diet/mental/physical restrictions** that the student may have and medications that he/she may be using to treat this condition. Indicate if the student has your permission to take such medication while attending the event. You may also include the name of the hospital or doctor of your choice and their phone numbers.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Pictures will be taken throughout the event. If your student’s picture is used in the Healing in His Wings (HIHW) video scrapbook or on their website, HIHW needs your permission.

I, _____ gives permission for my child _____ photo to be used
(PARENT/GUARDIAN’S NAME) (PRINT YOUR CHILD’S NAME)

I WAIVE, RELEASE, AND DISCHARGE from any and all liability HIHW and all of the partner agencies, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for the death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity,

Smoking/possession of or use of tobacco/narcotics/liquor/ or other intoxicant or non-prescription drug on/off the grounds is forbidden. Participant may not leave grounds without permission from Healing in His Wings staff. Any participants whose conduct causes disruption may be asked to leave the event.

Parent/Guardian: _____ Date: _____ Student’s Signature: _____



Fax completed form to: Healing in His Wings, Inc. (866) 340-9148. For further question, you may call Beverly Roseberry at 770-584-1696 or Marjorie Dent at 404-767-0975. You may e-mail form to HIHW@healinginhiswings.com or register online at www.pluspositive.org/goodsuccess