

GRANT WOOD AEA  
**YOUNG WRITERS'**  
**CONFERENCE**

**2024 Student Registration Form**

Event Date: Monday, May 6, 2024  
 Event Time: 9:30 a.m. – 2:00 p.m.  
 Event Location: Coe College

Please print clearly and legibly. Incomplete forms will not be processed. One form per student.

**Student/Parent Information (Required)**

Student Name \_\_\_\_\_ Grade \_\_\_ School \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Email (optional) \_\_\_\_\_  
 Emergency Contact Name & Phone \_\_\_\_\_  
 My child has health conditions or allergies: \_\_\_ YES \_\_\_ NO (If yes, please explain: \_\_\_\_\_)

**Student Network Access Form (Required)**

Please sign below to grant your child network (internet) access during the conference, and to acknowledge that you have read our Acceptable Use Policy found at <https://www.gwaea.org/families/student-enrichment-opportunities/young-writers-conference/>

Parent or Guardian's Signature \_\_\_\_\_

Please also have your child sign below, indicating that she/he understands, with your guidance, the following statements:

- I have read the expected network etiquette and agree to abide by these provisions. I understand that violation of these provisions may constitute suspension or revocation of Internet privileges.
- I agree to be responsible for payment of costs incurred by accessing any Internet services that have a cost involved.

Student Signature \_\_\_\_\_

**Video/Photo Release for Public Information (Optional)**

*Note: This form is required for children 18 and under whom Grant Wood AEA wishes to photograph or videotape, either individually or in group settings, for publicity or informational purposes of Grant Wood AEA and its programs. A release from the child's school is not sufficient. This release will be kept on file in the Communications Office. Please print your name and child's name at the top of this document.*

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ give permission for Grant Wood Area Education Agency to photograph or videotape my child(ren), myself and/or my family for use by Grant Wood AEA in its publications, websites or promotional literature. I also agree to allow my child's work to be published by Grant Wood AEA in its publications, websites or promotional literature. I give this consent and will make no further claim of any nature.

I understand that I have the right to revoke this authorization at any time, and that I have the right to request and obtain a copy of the recording or photograph. I acknowledge that I have read the foregoing release and authorization, that I understand its terms, and that I am voluntarily signing this release and authorization.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Child's Birth Date \_\_\_\_\_

**Payment**

Item	Amount	Quantity	Total Due
Registration Fee (non-refundable)	\$15.00	1	

**Make your check payable to your child's school.  
 Return form/payment to your child's school/teacher.**

For Office Use Only: Date: _____ Check #: _____ Amount: _____
Paid by: _____

