

GRANT WOOD AEA  
**YOUNGWRITERS'**  
**CONFERENCE**

**2021 Student Registration Form**

Event Date: April 29, 2021 (Virtual)

Event Time: 9:00 a.m. – 1:00 p.m.

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

**Student/Parent Information (Required)**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

School District \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Contact/Phone \_\_\_\_\_

My child has health conditions or allergies:  YES  NO (If yes, please explain: \_\_\_\_\_)

**Participation Location (Required)**

Due to the virtual nature of this event, we understand that some students will participate at school and others from home. Please indicate below where your child will be participating in this event.

My child will participate at school.

My child will participate from home.

**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
Registration Fee (non-refundable)	\$15.00	1	
<b>Inkling</b> , Kenneth Oppel Autographed book by our guest author (optional purchase)	\$10.00		

**Total Due/Enclosed =** \_\_\_\_\_

**School Participants:** Make your check payable to your child's school. Return to this form/payment to your child's school.

**Participants from Home:** Make your check payable to Grant Wood AEA. Mail to Susie Green, 4401 6th St SW, Cedar Rapids, IA 52404.

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

