



# Wyoming Latina Youth Conference Registration

## Form 2025

### Parental/Guardian Consent Form

Registration Fee - \$50

Late Registration Fee - \$60 (After October 1<sup>st</sup>)

Participant's/ Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent(s)/Guardian's Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Student E-mail: \_\_\_\_\_

City: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list any medical treatments, health conditions, and allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_



No Insurance

### Parent Permission

I do hereby give my permission for my child to attend and participate in all activities of the Wyoming Latina Youth Center/Conference on October 10th-11th of 2025. I authorize the Wyoming Latina Youth Center/Conference Committee and/or sponsor the right to use any photographs with my student in any and all media, for purposes of promoting the services of the Wyoming Latina Youth Conference and its mission. I give permission to the committee of the Wyoming Latina Youth Conference to sign for emergency and treatment of my child.

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

\*All information is confidential