### Participant Information

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Age:</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

T-Shirt Size:  
- YS  
- YM  
- YL  
- YXL  
- AS  
- AM  
- AL  
- AXL  
- A2XL  
- A3XL  

*(If registration is not received by Friday, April 10, we cannot guarantee requested shirt size.)*

Do you have any food allergies or dietary restrictions, if so, what?

What accommodations do you need, if any?

Do you require transportation? (please check all that pertain)  
- To the Event
- From the Event

*(Transportation provided from your local TANF Office to PLU and from PLU to the local TANF Office.)*

What school do you attend?

What grade are you in?  
- 8th  
- 9th  
- 10th  
- 11th  
- 12th  

### Parent/Guardian Contact Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Tribe:</th>
<th>TANF □</th>
<th>Community Member: □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number:</td>
<td>Email Address:</td>
<td>Parent/Guardian Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

### Emergency Contact Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to participant?</td>
<td></td>
</tr>
</tbody>
</table>

This Emergency Contact is authorized to pick-up my child from event:  
- Yes □  
- No □

### TANF STAFF ONLY

<table>
<thead>
<tr>
<th>Case Manager:</th>
<th>Date:</th>
</tr>
</thead>
</table>
| Client in Compliance:  
- Yes □  
- No □ |
SPIPA TANF Youth Engagement Summit

Student/Participant Expectations

1. Show-up on time for classes.
2. Be professional and polite.
3. Dress appropriately.
4. Please come well groomed.
5. Watch your language.
6. Be alert and be aware.
7. Stay in designated areas.
8. Participation during workshops is encouraged.
9. Be respectful of peers, instructors, staff, volunteers, yourself, and others.
10. See something, say something.
11. Remember this is a drug free, smoke free, vape free environment – both inside and outside.

__________________________________________________________
Student/Participant Name

__________________________________________________________
Student/Participant Signature

__________________________________________________________
Parent/Guardian Signature

__________________________________________________________
Date

__________________________________________________________
Date
SPIPA Hold Harmless Agreement

As the parent or legal guardian for the children listed in this registration, I do agree to the following assumption of risk, waiver and release:

In consideration for allowing participation in the SPIPA Youth Summit, I/we agree on our own behalf and on behalf of the named child/children to assume all risks and hazards incidental to participation and do hereby waive, release, absolve, indemnify and agree to hold harmless SPIPA staff, volunteers, and event partners in any claim or action arising from injury, damage or harmful consequences that may occur to this child or these children directly or indirectly through these activities. I further agree that pictures taken during the event may be used for future promotional purposes.

__________________________________________
(Participant) Print Name

__________________________________________
(Parent/Guardian) Print Name

__________________________________________
(Parent/Guardian) Signature

Note: Agreement must be completed and returned to the SPIPA office prior to Youth Summit Event.
SPIPA Photo/Media Release

I hereby authorize and consent to the use of my visual image (photograph or video) by the South Puget Intertribal Planning Agency for:

(Please check one box)

☐ Appropriate general use, or

☐ This specific use: __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

I give this consent with no claim for payment.

This agreement expresses the complete understanding of the parties.

_________________________________________  __________________________
Name (please print)                               Date

____________________________________________
Signature

____________________________________________
Signature of guardian if under 18 years of age

Telephone: (__________ ) _________ -______________