

# Positive Attitude for Life

## 2024 Workshops

### Registration, Parental Consent, Medical Release and Photo Release Form

Please complete this form and return it to Positive Attitude for Life along with the Registration Fee. The requested information is designed to assist in providing the safety of the participants during the sponsored activities.

#### Which workshop are you registering for:

Etiquette 1 (Feb 17)       Etiquette 2 (March 16)       Etiquette 3 (April 20)  
Professionalism/social skills      Conversations      Dining Etiquette

If you have filled out this form for a previous Positive Attitude for Life workshop and your information has stayed the same, please check here .

#### Participant's Information

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Participant's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email address: \_\_\_\_\_

#### \*In case of emergency, if parent / guardian cannot be reached, notify:

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

#### \*Medical Questionnaire

1. Does your child have any allergies (including medications)
2. Is your child presently being treated for an injury or sickness or taking any form of medication for any reason?
3. Does your child require a special diet?
4. Does your child have any physical condition / illness that would prevent her from participating in the regularly scheduled activities?

Yes*	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

\*If you answered yes for any questions 1 through 4, please explain below.

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### Medical Treatment Authorization

\* \_\_\_\_\_ I understand that I will be notified in the case of medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. **I authorize any one or more of the staff of Positive Attitude for Life to make emergency medical care decisions on behalf of my child, if required by law or a health care provider.**

\* \_\_\_\_\_ I understand that Positive Attitude for Life will not be responsible for medical expenses incurred solely on the basis of this authorization. I agree to notify Positive Attitude for Life in the event of any health changes, which would restrict my child's participation in any normal activity. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

*\*Please initial*

### Photo / Video Release Addendum

\* \_\_\_\_\_ I give permission to Positive Attitude for Life to obtain and use photo images which are to be used solely for the purposes of Positive Attitude for Life promotional material. I understand that these photos / video images will only be used to promote Positive Attitude for Life. None of the photos will be free to people, organizations, or corporations without the permission of the parent or guardian of the child.

\* \_\_\_\_\_ **I DO NOT want my child included in photos in Positive Attitude for Life promotional materials.**

*\* Please initial*

### Parental Consent

I, the undersigned, being the parent or legal guardian of the participant named above, do hereby consent to the participation of my child in the planned activities of Positive Attitude for Life.

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Signature of Parent / Guardian

Date

***We are excited that you have chosen to join us at Positive Attitude for Life! Our events are memorable, informative, and fun for everyone. We look forward to seeing you soon!***

*Mailing Address: 8601 Six Forks Road, Suite 400, Raleigh, NC 27615*

*Phone: (984) 297-8281*

*Email: [info@palinc.org](mailto:info@palinc.org) / Website: [www.palinc.org](http://www.palinc.org)*