

2021 BALTIMORE YOUTH SEXUAL HEALTH and LEADERSHIP CONFERENCE
REGISTRATION FORM

December 1, 2021
WORLD AIDS DAY!

PLEASE NOTE: Space is Limited to just 50 people for in-person conference and 100 for virtual attendance. Please register as soon as possible and before December 1.

PARTICIPANT UNDER THE AGE OF 18:

Name of Registrant/Attendant: _____

City: _____ **Zip Code:** _____ **Your Cell Phone #:** _____ **E-mail:** _____

Youth registering via your youth program: You need to submit a signed parent or primary guardian consent form to ratnafou@gmail.com or give it to the youth program coordinator that will be bringing you to the conference. Youth under 18 will not be permitted to attend the in-person conference without the signed consent form.

Parent/Primary Guardian Consent

Parent/Caregiver Permission. I give permission for my child to attend the Baltimore Youth Sexual Health and Leadership Conference on December 1, 2021 from 12:30 p.m. to 4:30 p.m. at Hotel Indingo, 24 W. Franklin Street in Baltimore.

Please put check mark on the lines below:

___ I release RnD Associates, Baltimore City Health Department, Johns Hopkins Center for Adolescent Health, Catalyst for Change, HeartSmiles and others assisting with the conference from any liability

___ and I am aware that attendants may or may not be vaccinated for COVID, and that social distancing and wearing masks throughout the conference is expected to lower the possibility of infection

___ My child has permission to be photographed or videotaped during the event for use by any of the above entities, or co-sponsors of the Conference. I am also aware that, due to the nature of this event, media personnel may be present to interview or photograph participants.

___ In case of an emergency, I give permission for my child to receive medical treatment as may be necessary for him/her. I understand that any medical procedures will be billed to my insurance company or myself.

___ I also understand that the content of Conference materials and/or presentations may contain sexually explicit language or images.

___ I give my child permission for onsite HIV/STD screening by Baltimore City Health Department.

___ I am aware that condoms will be made available for those who choose to have it for protection from pregnancy and HIV/STD

Parent/Guardian Name: _____ **Signature:** _____ **Date:** _____

Cell Number: _____

Thank you and for questions, please contact Rebkha at 443.802.2024.