

## REGION 5 CONFERENCE - Saturday - March 20, 2021

### PARTICIPANT INFORMATION

First and Last Name: \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Other \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ HS Graduation Year: \_\_\_\_\_ Ethnicity (for grant reporting - optional): \_\_\_\_\_

Dietary Restrictions (specify allergy or personal preference): \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Preferred Phone : \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Preferred Phone : \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Preferred Phone : \_\_\_\_\_

School: \_\_\_\_\_ County: \_\_\_\_\_ CASC Region (see website): \_\_\_\_\_

Attendance Office Email: \_\_\_\_\_

### CONFERENCE FEE AND POLICIES

	Postmark Deadline Date	Delegate Fee	Member School Delegate Fee
Fee On or Before	Friday, February 26, 2021	\$20 <input type="checkbox"/>	\$15 <input type="checkbox"/>
Fee On	Friday, March 6, 2021	\$25 <input type="checkbox"/>	\$20 <input type="checkbox"/>
Fee After	Friday, March 12, 2021	\$30 <input type="checkbox"/>	\$25 <input type="checkbox"/>

**Cancellations:** A \$5.00 fee will be charged per person for cancellations. Cancellations must be requested in writing seven (7) working days in advance.

**Membership:** If you are interested in becoming a member school to take advantage of the membership rate, please review our website materials (benefits and registration form) and download the forms

**Payment:** Mail completed registration form and check (made payable to CASC) to: 3130 Alpine Road, Suite 288, Portola Valley, California 94028

### PARENT/GUARDIAN AGREEMENT

I, \_\_\_\_\_, give the above named student permission to attend the 2021 Student Advisory Board of Education **virtually**. I hereby authorize the conference directors to obtain, at my expense, any emergency medical treatment that my son/daughter may require. Furthermore, I relieve the conference and CASC of all liabilities insofar as all standard procedures are followed in dealing with my son/daughter. Also, I give CASC permission to use photographs and video that may be taken of my son/daughter for publicity reasons. Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_