

REGION 12 CONFERENCE - Saturday - March 13, 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 10, 2021 | \$20 <input type="checkbox"/> | \$15 <input type="checkbox"/> |
| Fee On | Friday, February 19, 2021 | \$25 <input type="checkbox"/> | \$20 <input type="checkbox"/> |
| Fee After | Friday, February 25, 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: ____/____/____