



6th Annual ACEF Youth-Family Summit

DATE: Friday, July 29, 2016	LOCATION: Anniston City Meeting Center
TIME: 10:00AM-2:00PM	SIGN IN: 9:00AM-10:00AM

FAMILY REGISTRATION FORM

Return by Friday, July 15, 2016 to:

Anniston Community Education Foundation		acef@annistoncef.org chelms@annistoncef.org (256) 741-3299
PO Box 1026	818 Leighton Ave, Ste A	
Anniston, AL 36202	Anniston, AL 36207	

SUMMIT INFORMATION:

- Students entering grades 1-6 are invited to participate in a day of fun and learning. **No registration after 10:00AM.** Students will receive free lunch and school supplies. **Students must be present the entire day to receive school supplies.**
- Parents/Guardians are encouraged to attend with their children. Community partners will be providing classes on topics such as healthcare and financial literacy.
- Limited transportation available from **South Highland Community Center at 8:30, Constantine Homes at 9:00, and Glen Addie Homes at 9:30.** Please indicate if this is something you need.

Registering Adult:				
Address:		City:	State:	Zip:
Phone:		E-Mail:		
Emergency Contact Person:			Emergency Contact Phone:	
	Name of Child(ren)	Grade	Shirt Size	School
1				
2				
3				
4				
Important Medical Notifications:				
Name(s) of adult(s) attending:				

RELEASE: I give permission for my child to take part in the ACEF Family Summit and agree that Anniston Community Education Foundation (ACEF), ACEF staff, volunteers, and any partnering affiliates will not be held responsible for any injuries or illnesses that my child sustains during any activities.

ACEF reserves the right to use any photograph/video taken at any event sponsored by ACEF, without the express written permission of those included within the photograph/video. ACEF may use the photograph/video in publications or other media material produced, used, or contracted by ACEF including but not limited to: brochures, invitations, books, newspapers, magazines, television, websites, etc.

To ensure the privacy of individuals and children, images will not be identified using full names or personal identifying information without written approval from the photographed subject, parent, or legal guardian.

A person attending an ACEF event who does not wish to have their image recorded for distribution should make their wishes known to the photographer; and/or the event organizers; and/or contact ACEF at PO Box 1026, Anniston, AL 36206, in writing of his/her intentions and include a photograph. ACEF will use the photo for identification purposes and will hold it in confidence.

By participating in an ACEF event or by failing to notify ACEF, in writing, of your desire to not have your photograph used by ACEF, you are agreeing to release, defend, hold harmless, and indemnify ACEF from any and all claims involving the use of your picture or likeness.

Any person or organization not affiliated with ACEF may not use, copy, alter, or modify ACEF photographs, graphics, videography, or other, similar reproductions or recordings without the advance written permission of an authorized designee from ACEF.

Thank you for your understanding and cooperation!

Parent/Guardian Signature	Date
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REVERSE SIDE: If your child would like to be photographed with the Tooth Fairy, please fill out Sarrell's photography consent form.



A Non-Profit For Alabama's Children

For Office Use Only

Description:

Location & Date:

/ /

CONSENT TO USE PHOTOGRAPH AND/OR TESTIMONY FOR ADVERTISING PURPOSES

"Video/Voice/Comment/Opinion/Testimony"

This form gives permission for the Sarrell Regional Dental & Eye Centers and its affiliates to record and use my image/photographs and voice, of my dependent child:

_____ and/or myself
Child's Name (If Applies)

_____, for Non-Profit
Parent/Legal Guardian/Person's Name

advertising. Your child's name will NOT be displayed in any of our advertising material. However, for comment/video/voice/image/opinion/testimony purposes, you/your child's first name might be displayed about the services provided by Sarrell Dental & Eye Centers or its Affiliates. Thank you in advance for your cooperation. The image/voice/comment may be used on the Sarrell Website, phone waiting system, outdoor advertising or any other reasonable medium. I waive any compensation (now or in the future) for granting my voice, image, and testimony/comment/opinion for use by the Sarrell Regional Dental & Eye Centers and its affiliates.

ACKNOWLEDGEMENT

I am of full legal age. I have read this release and I am completely familiar with its contents.

Name: _____
(Name must be of a parent or legal guardian for children under 18)

Signature:

X _____ Date: ____/____/____
(Signature of person, a parent or legal guardian must sign for children under 18)

