



7th Annual ACEF Youth-Family Summit

DATE: Friday, July 21, 2017	LOCATION: Anniston City Meeting Center
TIME: 10:00AM-2:00PM	SIGN IN: 9:00AM-10:00AM

FAMILY REGISTRATION FORM

Return by Monday, July 10, 2017 to:

Anniston Community Education Foundation		acef@annistoncef.org chelms@annistoncef.org (256) 741-3299
PO Box 1026 Anniston, AL 36202	818 Leighton Ave, Ste A 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 provide workshops on topics such as healthcare and financial literacy.
- Housing Authority transportation available from **South Highland Community Center at 8:30, Constantine Homes Park at 9:00, Glen Addie Homes at 9:30, and Norwood TBD.** Please mark below if needed.

<input type="checkbox"/> South Highland	<input type="checkbox"/> Constantine	<input type="checkbox"/> Glen Addie	<input type="checkbox"/> Norwood
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Registering Adult:					
Address:			City:	State:	Zip:
Phone:			E-Mail:		
Emergency Contact Person:				Emergency Contact Phone:	
	Name of Child(ren)	Grade	Shirt Size	Race	School
1					
2					
3					
4					
Important Medical Notifications:					
Name(s) of adult(s) attending:					
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Thank you for your understanding and cooperation!</p>					
Parent/Guardian Signature					Date

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:

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CONSENT TO USE PHOTOGRAPH AND/OR VIDEO

"Video/Voice/Comment/Opinion/Testimony/Photograph"

This form gives Sarrell Regional Dental Center for Public Health, Inc. (Sarrell Dental) and its affiliates permission to record and use my image/photographs and voice, of my dependent child:

_____ *Child's Name (If Applies)*

and/or myself _____ *Parent/Legal Guardian/Person's Name*

for non-profit for advertising and/or educational purposes. Your child's name will NOT be displayed in any of our advertising or educational material. However, for video/voice/comment/opinion/testimony/photograph purposes, you/your child's first name might be displayed regarding the services provided by Sarrell Dental or its affiliates. The video/voice/comment/opinion/testimony photograph may be used on Sarrell Dental's website, phone waiting system, outdoor advertising or any other reasonable medium. I waive any compensation (now or in the future) for granting my video/voice/comment/opinion/testimony/photograph for use by Sarrell Dental 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)*

Do your children currently have a family dentist? Yes No

If so, who is your dentist? _____

If not, may we contact you? Yes No Phone Number: _____

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

Sarrell Dental complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-256-741-7340. 주최: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-256-741-7340 번으로 전화해 주십시오.