



YES! - YOUTH EMPOWERMENT SEMINAR

STUDENT REGISTRATION AND PERMISSION FORM

Student's Name: _____ Age: _____ Gender: M / F

Parent or Guardian's name: _____

Street Address: _____

Suburb or City: _____ State: _____ Post Code: _____

Email: _____

Phone: Day: _____ Eve: _____ Mobile: _____

Emergency Contact: _____ Emergency Phone: _____

Please list interests, favourite school subjects, and extracurricular activities: _____

Please list any Health and/or Psychological Conditions or Concerns, and any medications you may be taking: _____

By signing below, I am committed to attend all 6 sessions of the Youth Empowerment Seminar with the knowledge that if I miss a day, I will not be able to continue the program.

Student's Signature

Date

By signing below, I give my son/daughter permission to participate in the Youth Empowerment Seminar conducted by a certified YES! teacher from the Art of Living Foundation. I understand my son/daughter needs to attend all 6 consecutive sessions in order to receive the certificate of completion, or he/she will not be allowed to continue the program.

Parent/Guardian's Signature

Date