



West Virginia Writers
Annual Conference
Cedar Lakes Conference Center
June 9-11, 2006
Parental Consent Form

Youth's name _____ Age _____

Address _____

City/State/Zip _____

Home phone _____ Date of Birth _____

Emergency Contacts:

Parent's Name _____ Cell phone _____

Home phone _____ Work phone _____

Other contact _____ Relationship _____

Phone number(s) _____

Other contact _____ Relationship _____

Phone numbers (s) _____

Medical History:

List any medical problems WVW should know about _____

Present medications _____

Allergies _____

Consent:

I hereby authorize my child to participate in the West Virginia Writers Annual Conference. I voluntarily assume all risk of accident or injury to my child which may arise out of his or her participation in this program, and therefore release and hold harmless WVW, Inc. and all personnel associated with this program from any and all liability that may result from my child's participation. In addition, I hereby give my permission for emergency medical treatment in the event I cannot be reached in a timely manner.

Parent/Guardian Signature _____ Date _____