Youth Delegate Registration Form

2026 Safe Schools, Safe Communities Conference

April 14, 2026

9:00 AM to 4:00 PM

Madison, Wisconsin

Youth Registration Fee $25/student - Make checks payable to "GSAFE"

Please complete both sides and return to your club advisor or parent/guardian.

Affirmed First & Last Name: _____

Pronouns: _____ School District: _____

School: _____Grade: _____

Phone: _____ Date of Birth: _____

Email address: _____

Participant Code of Conduct

Please read the following Code of Conduct for the event and sign your name:

- **I agree to stay for the whole event and participate fully**
- **I agree to interact respectfully with other participants, staff, and presenters**
- **I agree not to bring or use any illegal substances, including tobacco**
- **I agree not to engage in any kind of harassing or bullying behavior**
- **I agree not to leave summit buildings or premises without an adult**
- **I agree to be responsible for my own belongings and respectful of the space**
- **I agree & understand that I will wear the differently-colored nametag offered at the event if I do not wish for my picture or image to be captured and/or used in promotional materials**
- **I agree to keep an open mind, meet new people, and have fun!**

Participant Signature: **_____**

Safe Schools, Safe Communities organized by: www.gsafewi.org

Student Delegate Registration Form

2026 Safe Schools, Safe Communities Conference

Emergency Contact Name: _____

Relation to participant: _____

Phone(s) where we can reach you: _____

The following information is for the purpose of obtaining any necessary medical care. Please fill out any information that you think is important to share:

Required medications: _____

Dietary needs: _____

Allergies: _____

Other necessary information or accommodations: _____

Please read the following Liability & Media Release and sign your name at the bottom: My signature indicates that I understand and have discussed with my child that compliance with the Code of Conduct is required of all participants. I give permission for my child to attend and participate in the program detailed in this form, to use transportation (public and private) selected by program staff, and to appear in publicity photos or videotapes. *NOTE: Participants who do not wish to have their image captured and/or shared will be offered a differently-colored nametag at registration to communicate that preference and it is their responsibility to wear it at all times.* I certify that the above information is correct to the best of my knowledge. This certifies that the above-named participant is physically able to participate in the activities with the exception of those listed, and that immediate medical attention may be obtained if necessary. By signing below I agree to indemnify and hold harmless and forever release GSAFE and its directors, officers, employees and agents against and from any and all claims and damages, suits and proceedings, medical expenses of every type, all or part thereof which arise out of or relate to any activities of the participant or GSAFE, including but not limited to acts or omissions of GSAFE. In the event of an emergency, I hereby authorize the above representatives of GSAFE to engage a licensed doctor to render medical services which may, at the sole discretion of the doctor, be necessary; I further authorize said representatives to take the participant to the hospital if it should seem necessary and agree that I will pay all doctor, hospital, and related bills.

- ☐ For Parent/Guardian: I understand that transportation is not provided to the conference, and I have arranged a way for my student to get there
- ☐ For Parent/Guardian: I understand there is a $25 fee for the conference to cover lunch/attendance and have sent it with my student or arranged other payment

_____ _____

Parent/Guardian Signature (if under 18) **Date**

_____ _____

Youth Participant Signature **Date**