

# Girls Get Connected 2008 Technology Conference

## Permission Form

To reserve your space, please complete this application, and mail or fax to Simmons College. If you require additional applications, photocopy this application or visit [www.girlsgetconnected.org](http://www.girlsgetconnected.org) for a downloadable application.

**FAX:** 617 521 3185

**Mail to:** Diane Hammer  
Simmons College  
300 The Fenway  
Boston, MA 02115

## Student Information

**Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_city\_\_\_\_\_state\_\_\_\_\_zip\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name of school:** \_\_\_\_\_

**Name of youth organization in which you participate:**  
\_\_\_\_\_

**Permission**

I, as Parent or Guardian, give permission for \_\_\_student's name\_\_\_\_\_

to attend Girls Get Connected 2008 at Simmons College on 8 March 2008 from 9:00 a.m. to 3:30 p.m.. I understand that my daughter will be obliged to abide by the School-Based Rules and by the Code of Discipline while participating in this program.

In the event of serious illness or injury to my child/ward, I expressly consent to the administration of emergency medical care, if in the opinion of the attending medical personnel, such action is advisable.

Further, I authorize \_\_\_chaperone's name\_\_\_\_\_ to act on behalf as parent of my child/ward while participating in the Girls Get Connected 2008 conference.

Photos and/or videos may be taken during Girls Get Connected 2008. I give permission for the Girls Get Connected Collaborative to record, film, photograph, interview, and/or publicly exhibit, distribute or publish my daughter's name, appearance, or spoken words at Girls Get Connected 2008, whether undertaken by staff, students, or anyone outside the collaborative, including media. I agree that the Collaborative may use or allow others to use, those works without limitation or compensation. I release the school and the Girls Get Connected Collaborative staff from any claims arising out of my daughter's appearance or participation in these works.

I have read the permission slip and understand its terms. I sign it voluntarily and with full knowledge of its significance.

**Parent or Guardian Name:** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Emergency Contact person:** \_\_\_\_\_relationship to student\_\_\_\_\_

**Chaperone Information (Limit eight students per adult chaperone.)**

**Name:** \_\_\_\_\_relationship to student\_\_\_\_\_

**Address:** \_\_\_street\_\_\_\_\_

\_\_\_city\_\_\_\_\_state\_\_\_\_\_zip\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name of school:** \_\_\_\_\_

**Name of youth organization:** \_\_\_\_\_

**CONFIRMATION WILL NOT BE SENT.**