



ENTERING THE COLLEGE ZONE STUDENT CONFERENCE 2024
APRIL 27 2024 AT HUDSON VALLEY COMMUNITY COLLEGE
REGISTRATION AND PERMISSION FORM

Student Name: _____ Age: _____

Parent/Guardian Name: _____

Home Address: Street: _____ Apartment Number: _____

City/State/Zip: _____

Telephone Number (home) _____ (cell) _____

Name of School: _____ Current Grade: _____

Emergency Contact Information

Name _____

Address _____

Phone _____

[] I will attend this event with my child. Total number of people attending _____

[] I and/or my child will use the bus service provided. Total number of people on the bus _____

Please read the information below carefully. By registering and/or participating in Entering the College Zone Student Conference ("ECZ") program you acknowledge and consent to the terms below.

PHOTO AUTHORIZATION

My/our child's photo likeness can be used for free by and any of its partners or agents in any medium or format including but not limited to digital, electronic, still or video for promotional, educational or informational purposes. Yes _____ No _____

GENERAL WAIVER AND AUTHORIZATION

I/we give my child permission to participate in any and all ECZ activities. I release, waive, discharge and promise not to sue and otherwise agree to hold harmless, the Black Child Development Institute - Albany New York ("BCDI Albany") and its partners, affiliates, board members, staff, coaches, as well as, sponsors, participants, and other persons or organizations associated with BCDI Albany programs and events from any liability for injuries, damages, or losses sustained by my child, me, or my family/persons in my care during these activities.

CITY SCHOOL DISTRICT OF ALBANY AND OTHER SCHOOLS

These events are not sponsored by the City School District of Albany; accordingly, it is not responsible or liable for any problems or damages arising from participation in these activities. These events are not sponsored by the any other school district, charter school or network, except as explicitly indicated; accordingly, no district, school or network is responsible or liable for any problems or damages arising from participation in these activities.

Parent/Guardian Signature: _____ Date _____

Please e-mail your completed form (or a photo of the form) to: program@bcdialbany.org

You may also return this form to your child's Guidance Counselor or Home School Coordinator

Questions? Call BCDI Albany at 518-888-7890 Learn more at www.bcdialbany.org