

EACH PARTICIPANT MUST RETURN SIGNED PERMISSIONS WITH REGISTRATION.

Students may not participate without these signed forms!
Please make a copy for each registrant.



WORKSHOP SITE: Timber Creek High School
Fort Worth, Texas

DATES OF WORKSHOP: July 26-28

TENTATIVE SCHEDULE

Thursday, July 26

9 a.m. - 5 p.m. Registration
Sessions
Lunch provided
Dinner on your own

Friday, July 27

9 a.m. - 5 p.m. Sessions
Lunch provided
Dinner on your own

Saturday, July 28

9 a.m. - 3 p.m. Sessions
Lunch provided
Awards ceremony
3 p.m. Dismissal

REGISTRATION DEADLINE JULY 6, 2018

**For hotel and workshop information
please visit :**

teamtexasjournalism.com
or call your Walsworth representative

Facebook page: Team Texas Yearbooks

Walsworth yearbooks

PARENT/GUARDIAN RELEASE

I/We the parent(s) or legal guardian(s) of _____, (the student), and by virtue of such relationship do hereby hold harmless, release and discharge Walsworth Publishing Company, Inc., and Timber Creek High School, and their offices, agents and/or employees from any and all claims, demands, liability, actions, causes of action, attorney fees and expenses on account of damages to or loss of the student's personal property or on account of personal injury or loss while the student is attending or participating in the Camp Lonestar DFW Workshop, Team Texas Yearbooks. Furthermore, I/we are not relying upon the released parties to supervise or chaperone the student while attending the Camp Lonestar DFW Workshop.

Student Name: _____

Emergency Contact: _____

Home Phone: _____

Alt. Phone: _____

Futhermore, I/we also have authorized the adult chaperone(s) of the group from _____ (school) of which my child is a member, to see that medical attention is administered in case of emergency. I/we will be informed of any serious medical assistance prior to treatment if conditions permit. In case of emergency, I/we authorize this child's adult chaperone to use my/our insurance plan.

Name (please print)

Signature

Date

Insurance Company

Policy Number

Family Doctor

Phone Number

PHOTO RELEASE

As the parent/guardian of the aforementioned child, I/we also give permission for any pictures taken of my child during the camp to be used in future mailings or camp advertising. This will only be used for Walsworth Publishing Company camp materials.

Signature

Date

IMPORTANT: If you do not grant permission for your child's photo to be used in future information, please send a picture with this form. This will give us a visual record of your child after the workshop to ensure we do not use him/her.