



7th Annual Johnston/Wake County Youth Summit
Registration Form



“The Power of Me: Rising to the Challenge”
March 1, 2011

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Gender: Female _____ Male _____ Age: _____

Local Area or County: _____ Agency/School: _____ Lunch: ↑ Ham

Signature of Parent/Legal Guardian: _____ ↑ Turkey
(Required for all youth under 18 years of age)

Consent to Use My Photograph or Other Information

I consent to allow the Capital Area Workforce Development Consortium to use my photograph, videotaped information, recorded statements, artwork, poetry or other material about me or created by me, specifically: in any of its news release and publications X or only in the following publications: _____

I understand that Capital Area publishes information about its programs and services in press releases to the media, news articles, its brochures, employee newsletters, community newsletters, reports, computer web sites, documentary films, public service announcements and television programs.

I understand that I can withdraw my consent at any time by sending a written statement canceling this consent form to Capital Area Workforce Development, PO Box 550, Raleigh, North Carolina 27602(856-6040/FAX 856-6038). This withdrawal applies to information that has not already been submitted for publication. After I withdraw my consent, Capital Area will not use my picture or other information in any new publication.

Signature:

Printed or Typed Name:

(Parent/Legal guardian signature if under 18 years of age)

Date: _____ / _____ /2011

“Limited Space Available, Pre-register by February 16, 2011”

Submit completed registration forms to: **TRENICE CUTLER**

2321 Crabtree Blvd., Suite 200, Raleigh, NC 27604

Phone: (919) 856-6058 **Fax:** (919) 856-6038

Email: Trenice.Cutler@wakegov.com



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Equal Opportunity Employer/Auxiliary aids and services are available upon request to individuals with disabilities.