



TASK Lead Out Loud Tour Registration Form



Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Ethnicity: American Indian or Alaska Native _____ Asian _____ Black or African American _____

Native Hawaiian or other Pacific Islander _____ White _____ Hispanic _____

Date of Birth: _____

Name of School/Youth Group: _____ Grade: _____

Parent/Legal Guardian name: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Cell phone: _____

I give my legal consent and authorize any representative of TASK/KDHE/TFKC to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above-named child, for any injury or illness of an emergency nature he/she incurred while participating in the field trip or other activity K.S.A. 65-2801, and any hospital. I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my child. I acknowledge and agree that the Tobacco Free Kansas Coalition is not responsible for any medical, hospital, expenses, and/or charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that TASK/KDHE/TFKC personnel will make a reasonable attempt to contact me to seek my permission to authorize that treatment.

Parent Signature Date

Please mark the training you will attend:

- € Wichita, July 24th - Wichita State University
- € Hays, August 7th - Hays Sternberg Museum
- € Lawrence, August 28th - University of Kansas

Please complete and return this form.

For more information, please visit the website at: www.kstask.org



Mail to: Erica Anderson
5375 SW 7th Street, Ste. 100
Topeka, KS 66606

E-mail to: eanderson@tobaccofreekansas.org

Fax to: (785) 272-5870