



Overtown

## Teen Table Talk Registration

All teens in grades 6 – 12 are warmly invited to join T.E.E.S. Teen Table Talks which meets bi-weekly, usually on Saturday afternoons. A variety of topics, activities and special events are planned, so don't miss out on our Teen Table Talks and Teen Talk TV.

### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

School/Grade: \_\_\_\_\_

Current GPA: \_\_\_\_\_ School Counselor Name: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

### Parent Information

Name: \_\_\_\_\_ / Email: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Alternate #: \_\_\_\_\_

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

### Emergency Contact (other than Parent):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Admin Use Only: Date Rec'd: _____ Initials: _____
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**CONSENT TO PHOTOGRAPH, FILM OR VIDEOTAPE  
A STUDENT FOR NON-PROFIT USE**

(e.g. educational public service or health awareness purposes)

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by Teens Exercising Extraordinary Success (T.E.E.S.)

I also grant to the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media.

I also hereby release T.E.E.S. and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if Student is under 18)

Date

\_\_\_\_\_

\_\_\_\_\_

Print Name of Parent/Guardian

Contact # or Email

\_\_\_\_\_

\_\_\_\_\_

**OR**

Signature of Student (if over 18)

Date

\_\_\_\_\_

\_\_\_\_\_

Contact # or Email

\_\_\_\_\_