Parent/Guardian Consent Form
Group Member

Note that one parent/guardian consent form must be printed and signed for each student.

Student Information

In this document, “the student” refers to:

Last name:__________________________________________ First name:________________________

Girl ID:_________________________________________

Consent Information

The student has my permission to participate in the Expanding Your Horizons conference at Cornell University on April 15, 2017:

☐ Yes

Photographs and videos of the student may be used by EYH for promotional and display purposes:

☐ Yes   ☐ No

The student may be transported in a mini-van/bus (required for off-campus workshops):

☐ Yes   ☐ No

In the event of an emergency, EYH will use the emergency contact information submitted with the student’s online registration. Please notify us by email at CornellEYHreg@gmail.com if the emergency contact information is incorrect.

Signature of Parent/Guardian:_________________________________________

Print Name:__________________________________________ Date:________________________

Please return this form and your cash or check payment to your group leader. If you requested a scholarship, do not enclose payment. Checks should be made out to Cornell University.

Group leaders: please mail the consent forms and payments for your entire group in a single envelope to EYH at the address below.

**PAYMENT AND SIGNED CONSENT FORMS ARE DUE BY MARCH 17, 2017**

EYH Registration Fees
PO Box 6884
Ithaca, NY 14851

Thank you for registering for EYH! We look forward to seeing you in April.