




Registration Form

DATE OF REGISTRATION

/ /

PERSONAL INFORMATION

Parent, Guardian : 

Parent, Guardian : 

Legal Name (Child) :

Chosen Name :

Child Cell # :

Date of Birth : / /

Current Grade :

Pronouns :

High School :

Gender Identity : Male Female Gender Non-Conforming

Disability :

Ethnicity : African American Asian Biracial
 Indigenous Caucasian Unlisted
 Hispanic

HOME ADDRESS

Street Address :

Unit # :

City/ State :

Email :

Zip Code :

Phone Number :

Alternate :

EMERGENCY CONTACT

Name / Contact :

Name / Contact :



Registration Form

PLEASE CHECK ALL THAT APPLY. WRITE N/A IF IT DOESN'T APPLY.

DATE OF REGISTRATION

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Your child's safety and comfort is important, please provide a little more details, so that we can take proper measures to care for your child.

Allergies :

Anaphylactic :

Medication/s :

Food Sensitivities :

Socioemotional (fears, phobias)

Epi Pen :

Insurance :

Health Number:

Date of last Tetanus shot?

Does your child participate in a school hot lunch program? provided by your high school?

YES NO

Additional Information :

COVID 2022 STATUS AND INFORMATION

After March 11, 2022, the universal masking requirement for K-12 and childcare settings will terminate. [CDPH strongly recommends](#) that individuals in these settings continue to mask in indoor settings when the universal masking requirement lifts.

Vaccinated ; YES NO

Dose 1 : **Dose 2 :** **Booster :**

Please attach proof of vaccination, when you submit your registration form.

Other related concerns :

We will follow the UC Berkeley suggested guidelines while on campus.

FOR 2022 REGISTRATION



PARTICIPANT PICK UP LIST

Please list all the people authorized to pick up your student.

DATE OF REGISTRATION

NOTE: We will NOT release your child to anyone who is not listed on this form.

/ /

PHOTO I.D. REQUIRED

NAME/
RELATIONSHIP

NAME/
RELATIONSHIP

NAME/
RELATIONSHIP

Anyone who specifically DOES NOT have permission to pick up child?

Y:

N:

Name :

Details :

Name :

Details :

Any additional information?

Guardian Name :

Signature / Date :

FOR 2022 REGISTRATION



CONSENT AND RELEASE: STUDENT TO BE FILMED/PHOTOGRAPHED FOR USE OF IMAGE/VOICE

DATE OF REGISTRATION

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Please note that we will be videoing and photographing parts of this event so that we are able to share our work and the experiences of our youth with others who have not yet been able to participate.

STUDENT NAME

STUDENT NAME

I, (Parent/Guardian) hereby grant to 1600 Avenue and The Hip Hop Tech Leaders Programme, their successors, and their assignees the right to record the image and/or voice and use the artwork and/ or written work of my child during the conference, [Student Name] , on videotape, on film, on photographs, in digital media and in any other form of electronic or print medium and to edit such recording at their discretion.

I understand that my child's full name, address and biographical information will not be made public. I further grant 1600 Avenue and The Hip Hop Tech Leaders Programme, their successors, and their assignees the right to use, and to allow others to use, my child's image and/or voice on the internet, in brochures, and in any other medium and hereby consent to such use. I hereby release 1600 Avenue and The Hip Hop Tech Leaders Programme, their successors, and their assignees and any using my child's image and/or voice, artwork, and/or written work pursuant to this media release form any and all claims, damages, liabilities, costs and expenses which I or my child now have or may hereafter have by reason of any use thereof.

I understand that the provisions of this release are legally binding. Please check one:

Y:

N:

Guardian Name :

Signature :

FOR 2022 REGISTRATION



CONSENT FOR PARTICIPATION

DATE OF REGISTRATION

/ /

STUDENT NAME

STUDENT NAME

Applicable to participants of age under 19 yrs old, attending The Hip Hop Tech Leaders Programme (presented by 1600 Avenue) and partners.

1. Particulars of Child

Name: _____

Date of Birth: _____ Age: _____

2. I, parent/guardian* of the above named child ("Child"), consent to my Child participating in the Hip Hop Tech Leaders Programme organized by the 1600 Avenue team from _____ 2022 to _____ 2022.

3. I agree that my Child's participation in the Hip Hop Tech Leaders Programme is purely voluntary. I agree not to hold the Hip Hop Tech Leaders Programme (1600 Avenue) liable or responsible for any loss or injury sustained by my Child arising in connection with his/her* participation in the programme..

4. I can be contacted at _____ (telephone number) in the event of an emergency.

Guardian Signature :

Student Signature :

FOR 2022 REGISTRATION