



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 27, 2019:

☐ 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 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 29, 2019****

**EYH Registration Fees
PO Box 6884
Ithaca, NY 14853**

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