

# Youth Event Permission Form

Participant's First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participant's Last Name: \_\_\_\_\_  
(Day/Month/Year)

Location (City, Province of residence): \_\_\_\_\_

Reason/Event: The BullyStop Cyberbullying Hackathon

\_\_\_\_\_, I the undersigned give permission for  
(Print Parent/Guardian Name)

my child, \_\_\_\_\_, to attend the BullyStop  
(Print Participant's Name)

Cyberbullying Hackathon. hosted by the Canadian Safe School Network at the following

location and on the following date:

Saturday, March 12th, 2016

8:45 am - 3:00 pm

Location: Lighthouse Labs Head Office

128 W Hastings, Suite #300 Vancouver, BC V6B 1G9

Please list any allergies and/or medical conditions we should be aware of:

\_\_\_\_\_

I give consent to have photos/video/film/audio of my child taken and used by the Canadian Safe School Network during the Safe School's LGBTQ Think Tank for the purpose of research, analysis and ultimately a better understanding of safe schools issues among youth. No personal information, (name, age etc.) will be made public.

I Accept

I Decline

I give consent to have photos/video/film/audio of my child taken and used in the promotional material for the Canadian Safe School Network.

I Accept

I Decline

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Contact Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_

(Enter your electronic signature by typing your full name here)

Click the button below to email this form to The Canadian Safe School Network (Works with Adobe Reader).

OR Save this pdf to your computer and send it to