

Parent Consent Form

Please complete and mail to: SEEK, P.O. Box 937, Crawfordville, FL 32326

I/w are the parent(s) or legal guardian of: _____
(Student's Name)

I/we consent to his or her participation in the SEEK Youth Conference at Wakulla Springs State Park during either July 12-15 or July 19-22, 2009.

(Check one)

He or she has no restrictions and may participate in all conference activities.

He or she has the following restrictions: _____

Otherwise, he or she may participate in all conference activities.

If he or she is unable to attend the conference for any reason, we agree to notify you as soon as possible.

I/we understand that, during the SEEK Youth Conference, he or she is expected to abide by all rules and regulations established by the SEEK Program Administration, Wakulla Springs State Park, and the Florida Federation of Garden Clubs (FFGC). Failure to do so, may result in his or her expulsion from the conference. We further understand that, should our student's behavior warrant expulsion from SEEK, we are responsible for his or her immediate transportation from the conference.

I/we give permission for any photographs taken during the conference that include our child participating in conference activities to be displayed (without identifying information) on the SEEK website or to be printed on promotional materials for the SEEK program.

I/we understand that the following must be submitted to complete the application and reserve a conference place for our child:

Student Information Form
Recent Photograph

Medical Information Form
Copy of Health Insurance Card

Parent Consent Form

I/we understand that parents may not stay at Wakulla Springs Lodge during the conference.

I/we would appreciate information about other lodging options in the area.

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____