2015 COBI Conference Permission Slip

Dear Parent or Guardian,
Your child is requested to attend the 2015 COBI Conference. Detailed information about the event is listed below. Remit the bottom portion of this form back to the agency prior to the event.

Conference Information:
Date: **Tuesday, February 24, 2015**
Time: **10am to 3pm**
Location: **Indiana Government Center /Indiana Statehouse**
Purpose: **The 17th annual COBI Conference brings together youth and adults to advocate for change in the areas affecting youth. This interactive day of learning includes discovering and discussing current issues, lunch with legislators, Statehouse tours and more! Students will leave the conference with a better understanding of how Indiana government works and will be equipped with the tools they need to make a difference in our state!**

- -

____ has permission to attend a field trip to 2015 COBI Conference on Tuesday, February 24th from 10am to 3pm.

I, the undersigned, do hereby grant permission to COBI to use the image of my child. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the COBI Web site. I understand that my child is eligible to win an iPad during the event.

Parent/guardian Initials: _________________

I give my permission for ____ to receive emergency medical treatment. In an emergency, please contact:

Name: ____ Phone: _______________________________

Parent/Guardian Signature: ____________________________________ Date: ________________________