



Illinois High School Democrats

2010 Summer Leadership Training Registration Form



Training Information

- Northern Illinois Training - Saturday, July 24th at Illinois Valley Community College, Oglesby Illinois
- Central Illinois Training - Saturday, July 31st at Lincoln Land Community College, Springfield Illinois
- Southern Illinois Training - Saturday, August 7th at Illinois Eastern Frontier College, Fairfield Illinois

Student Information

First Name: _____ Last Name: _____

Email Address: _____ County : _____ Tel. # _____

Mailing Address: _____ Name of School: _____

Year in High School for 2010-2011 school year: 9 10 11 12

Chairman Information

County Chairman's Name: _____





County Chairman's Email Address: _____ (Use mailing address if no E-mail)

County Chairman's Tele # _____

Payment Method

Each student is required to pay a small fee of \$10 to attend a training session. If a credit card is used the fee is \$12.00, this is due to transaction costs charged to IHSD by each credit card company. This fee will cover the costs of educational materials, food and beverages, facility costs as well as general expenses. Complete the forms below and either attach a check paid to the order of *Illinois High School Democrats* or include your credit card information. All credit cards are processed through a secure online system. A confirmation email will be sent after credit card has been successfully processed. Receipts will be distributed at each training.

Payment Method:	Date: _____
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card	

Please Charge My:	Card Number: _____	Exp. _____	VC# _____
   	Signature: _____		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Name: _____	Phone: _____
Address: _____	E-Mail _____
City: _____	Zip: _____
Occupation _____	Employer: _____

Note: Please mail completed registration forms to our State Headquarters located at:
- 633 East Court St, Paris, IL 61944

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RELEASE AND WAIVER OF LIABILITY

I _____ hereby acknowledge that I am voluntarily participating in the Illinois
Student Full Name
High School Democrats Leadership Training.

I hereby assume full responsibility for all liability and all risk of injury or loss, including death, which may result from my participating in this Program.

I hereby hold harmless, release, waive, forever discharge and covenant not to bring legal action or claim against the Illinois High School Democrats from any and all claims or demands I may have by reason of any accident, illness, injury or death, or damage to or loss or destruction of any property, arising or resulting directly or indirectly from traveling to and from a train, participating in the Training and occurring during such participation or any time subsequent thereto.

This Release and Waiver of Liability of all claims is binding on my heirs, executors, administrators and, family members and any and all persons pursuing a claim on my behalf, on behalf of my estate or against me or my estate.

In signing this release, I acknowledge and represent that I have read the forgoing waiver of liability and hold harmless agreement., understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and execute this release full, adequate and complete consideration fully intending to be bound by same.

Student Signature

Parent/ Legal Guardian (If Under 19)

Date

Date

Note: Please mail completed registration forms to our State Headquarters located at:
- 633 East Court St, Paris, IL 61944