



**Circle T-shirt Size**

Youth S M L  
Adult S M L XL

**Youth Will Attend**  
**(Check all that apply)**



☐ Sunday Evening  
☐ All Day Monday  
☐ Tuesday Evening

## Youth Program Parental Authorization and Release Form

**Please complete a separate form for each youth attending youth events.**

Delegate Name:		Cell Phone Number (In Case of Emergency):
Youth Name:	Age:	Medication to be administered during Youth Activities? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, complete a Medical Authorization Form)
Vegetarian Meals Required? <input type="checkbox"/> No <input type="checkbox"/> Yes		Allergies? ( <b>Including Food allergies</b> . If yes please describe): <input type="checkbox"/> No <input type="checkbox"/> Yes
Special Needs or requests:		
Other Sibling(s) Registered for Youth Program:		

I, the undersigned parent or guardian of the child listed above, hereby give permission for my child to participate in the Southeastern Association of Tax Administrators (SEATA) Youth Program to be held at the 60<sup>th</sup> Annual SEATA Conference in Little Rock, Arkansas, July 11-14, 2010. I understand children 5 years of age through 17 years of age, at my discretion, may participate in the activities that have been planned. I also give permission for my child to receive emergency medical care if needed.

In consideration of SEATA consenting to allow the youth named herein to participate in the described Youth Program, the undersigned hereby assumes all risks of accidents incidental to the Youth Program and hereby releases and discharges SEATA, employees of SEATA, the Arkansas Department of Finance & Administration, employees of ADF&A, and the individual states from liability for any damages that may be sustained by any participant in the Youth Program.

Please note that if you authorize your child to participate in the youth program, they will be transported by Little Rock Tours ([www.littlerocktours.com](http://www.littlerocktours.com)) from and to the hotel for the various events.

Parents whose children are signed-up for the Rice Depot event on Monday will be required to sign Rice Depot's volunteer consent form when they check-in at the SEATA conference registration desk.

I understand that my child will not be released without one of the following signing him/her out of the care of the Youth Committee. (A photo ID may be requested for verification.)

**Persons authorized to sign my child out of the care of the Youth Committee:**

1. \_\_\_\_\_  
Print Name

2. \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent/Guardian Signature & Date

\_\_\_\_\_  
Parent/Guardian Signature & Date

Please return this signed form after you complete your online registration  
(or mail with your paper registration) to:  
Darrell W. Smith, Executive Director  
Southeastern Association of Tax Administrators  
3672 Overlook Drive  
Tallahassee, FL 32311-7863  
Phone: (850) 577-0007 Fax: (850) 577-0010

**For conference information, visit us at <http://www.seata2010.net>**