



CALLING ALL TEENS

AGES 12-18 IN THE NEW YORK AND NEW JERSEY AREA!!!

YOUTH FEST®

4TH ANNUAL RAP SESSION



SATURDAY, OCT. 8TH, 2011

10:00AM -4:00PM

THE WORLD IS YOURS!

Importance of Education, Vision-Building, Goal-Setting, College Readiness, Careers!

**FREE ADMISSION - SPECIAL GUEST APPEARANCES
GIVE-A-WAYS & LUNCH**

The first 100 teens to register will receive a VIP gift bag!

John Jay College
Gerald W. Lynch Theater
899 Tenth Avenue
New York, NY 10019



For more info
please visit
HipHop4LifeOnline.com



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YOUTHFEEST

PLEASE FAX COMPLETED REGISTRATION FORM TO 646-706-7377 BY Wednesday, October 5th
(Please print legibly)



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YOUTHFEEST is an educational, exciting and highly interactive "back-to-school" empowerment and prevention forum for New York City's and New Jersey's youth. Every year, young people ages 12-18, and their parents, gather at this annual free event that provides an environment for communication, education, entertainment and positive messaging.

JOHN JAY COLLEGE

Gerald W. Lynch Theater
899 Tenth Avenue, New York, NY 10019

Directions:

By Bus:
Buses: M-11, M-31, M-57, and M-104

By Subway:
Take #1, 9, A, B, C, D to 59th Street & Columbus Circle
Walk west to Tenth Avenue between 58th & 59th Streets
-OR-
Take R, N to 57th Street & 7th Avenue
Walk west to Tenth Avenue then turn right to 59th Street

Child's Name: Last _____ First _____ MI _____
Date of Birth: ___/___/___ Age: _____ Grade: _____ School: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____ Cell: _____
Parent/Guardian Name(s): _____
Parent/Guardian Email Address: _____
Parent/Guardian Home: _____ Work: _____ Cell: _____
Emergency Contacts: _____
Name: _____ Tel. #'s: _____
Relationship to Child/Children: _____
Name: _____ Tel. #'s: _____
Relationship to Child/Children: _____
Please list any allergies or past and/or recent illness that we should be aware of:

Medical Emergency Authorization: In the event of an emergency, I do hereby authorize Hip Hop 4 Life Coordinator and/or any representative thereof, to seek appropriate and reasonable medical care on behalf of my child. **Parent/Guardian Initial:** _____
Statement of Commitment: I hereby provide permission for my child to part take in Hip Hop 4 Life's YOUTHFEEST discussion. I give Hip Hop 4 Life permission to publish in print, electronic, or video/audio format the likeness or image of my child, including the right to edit or use a portion or all of the video/recorded voice, photographs for promotional publications, materials, websites and/or other program-related purposes. I release all claims against Hip Hop 4 Life, with respect to copyright ownership and publication including any claim for compensation related to use of the materials. I understand that in order for my child to participate in Hip Hop 4 Life's YOUTHFEEST, my child must abide by all program's rules, which will be reviewed beginning of the program. In the event that my child's behavior is contrary to program's expectations, my child may be dismissed from the event.
Signature of Parent/Guardian: _____ **Date:** _____

For more info please visit www.HipHop4LifeOnline.com