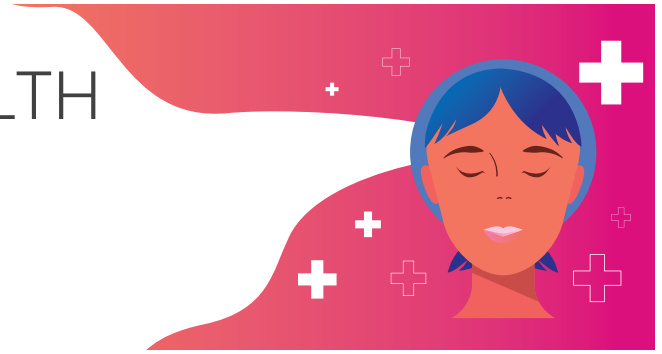




# MENTAL HEALTH *Matters* YOUTH EXPO



## Registration Form to Participate in the MENTAL HEALTH MATTERS YOUTH EXPO

The 2022 **MENTAL HEALTH MATTERS YOUTH EXPO** is focused on creating a safe space for all students elementary through high school where you students can explore the different ways mental health presents in their lives & their peers' lives. Participants will engage in activities, shared experiences, and gain the tools to use when addressing their own mental health needs.

As a participant of the Mental Health Matters Youth Expo you will have an opportunity to display and share how you take care of your mental health.

Examples include:

- Share personalized monthly moods calendars
- Display your art as a method to express/connect with emotions
- Movement through music/exercise/dance
- Writing/Journaling

Please reach out to Agi Semrad for questions, clarification or further information.

**Date:** Saturday, March 12th, 1-3pm  
**Location:** The Art Center Highland Park  
**Form Deadline:** Friday, March 4th  
**Contact:** Agi Semrad, President/Founder of The Balance Project  
asemrad@thebalance-project.org, 312.343.0298

For more info visit [www.thebalance-project.org](http://www.thebalance-project.org)

Please have a parent/guardian fill out the below Parental Consent Form and [email to asemrad@thebalance-project.org](mailto:asemrad@thebalance-project.org).

# MENTAL HEALTH MATTERS YOUTH EXPO

## Parental Consent Form

I confirm that I \_\_\_\_\_ am the parent/legal guardian of \_\_\_\_\_ . I hereby consent to the above child participating in The Balance Project 2022 Mental Health Matters Youth Expo. I confirm that all details are correct and I am able to give parental consent for my child to participate in this expo.

I acknowledge that The Balance Project is not responsible for providing adult supervision although there will be many adult volunteers present. If your child is in third grade or younger an adult must accompany them.

Name: (please print) \_\_\_\_\_

Signature \_\_\_\_\_

### Contact Details:

Name of Child \_\_\_\_\_

Parent's Mobile Phone No. \_\_\_\_\_

Parent email address \_\_\_\_\_

Emergency Contact No. \_\_\_\_\_

### Photographic & Video Consent

I consent/do not consent to the below mentioned child being included in any photographic or video material, in any publications/websites/social network applications which may be used for the purpose of documenting and highlighting their involvement The Balance Project 2022 Mental Health Expo.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone No. \_\_\_\_\_

For more info visit [www.thebalance-project.org](http://www.thebalance-project.org)