

29th ANNUAL REACH OUT TO YOUTH



“Fitness and Nutrition: Don’t Just Think About It, Be About It!”



The Reach Out to Youth program targets students **ages 7-11** who aspire towards careers in medicine and parents interested in maximizing their child’s educational potential. Parents and children will each participate in a day of separate workshops. Parent workshops will focus on obesity, healthy lifestyles, and “Preparing Your Child for Medical School.” Students will participate in interactive small group sessions in Anatomy, Physiology, Nutrition, and Clinical Medicine. These workshops are designed to motivate students and lead them to careers in the medical profession, as well as educate them on the science behind healthy living and eating.

LUNCH WILL BE PROVIDED AND ADMISSION IS FREE

PLACE: Wayne State University School of Medicine
Gordon H. Scott Hall of Basic Medical Sciences
540 E. Canfield St.
Detroit, MI, 48201

DATE: Saturday, February 24, 2018

TIME: Registration 7:45 am
Program Time 9:00 am - 2:00 pm

*****Due to LIMITED BUILDING CAPACITY and the overwhelming response to this program, we can only accept 100 students and 100 parents. All participants MUST pre-register by completing the application-must be emailed, faxed or delivered. There is ABSOLUTELY NO on-site registration*****

You must register by **Friday, January 19, 2018 (NO EXCEPTIONS)**. Please complete and return the attached form via email, fax, or hand delivery by Friday, January 19, 2018 at 5 pm (details on registration form).

You will receive an email confirmation if you have been selected to attend Reach Out to Youth by Friday February 2, 2018. Please send an email to diversity@med.wayne.edu if you would like to cancel your child’s registration prior to the event.

Have questions? Please email us at diversity@med.wayne.edu



WAYNE STATE
School of Medicine

REACH OUT TO YOUTH REGISTRATION FORM



Please return this form by: **Friday, January 19, 2018**

Completed forms should be emailed, faxed, or hand delivered:
Email: diversity@med.wayne.edu
Fax(313)556-1379
WSU School of Medicine
Scott Hall
540 E. Canfield Street, Suite 1374
Detroit, MI 48201

PLEASE PRINT CLEARLY

Parent Name: _____ YES/ NO
Last Name First Name Attending?

*Only one parent chaperone per registration form

1. Child Name: _____ Age ____ Shirt size: S M L XL
(T-shirts are child sizes)

Food allergy or special needs: _____

Child's School: _____

2. Child Name: _____ Age: ____ Shirt size: S M L XL
(T-shirts are child sizes)

Food allergy or special needs: _____

Child's School: _____

Phone Number: _____ Email Address: _____
(Required) (Required)

I, _____, hereby give permission for my child(ren) to attend

Reach Out to Youth at the Wayne State University School of Medicine, sponsored by the Black

Medical Association on **Saturday, February 24, 2018 from 7:45 A.M. –2:00 P.M.**

Parent/Guardian Signature

Date

Email address and telephone number are REQUIRED for registration confirmation. If not included, your registration will be void.

Have questions? Please email us at diversity@med.wayne.edu



WAYNE STATE

School of Medicine

Office of Diversity & Inclusion
Publicity Release for Persons Under 18

I give permission for photographs and/or video of my child to be used without compensation by Wayne State University for web pages, advertising and/or promotional purposes.

I also give permission for my child's art and/or essay project to be used by Wayne State University and I am willing to release this into the public domain. I understand that no monetary compensation will be given for the use of the materials.

By signing below, I am expressly releasing Wayne State University, its agents, employees, licensees and assigns from any and all claims which I may have for invasion of my child's privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings.

Child's Full Name

Address

Parent/Guardian's Full Name

City, State, Zip Code

Parent/Guardian's Signature

E-mail

Date

Phone