Registration Period: 12/9/24 - 1/24/25

Complete this registration form including your parent's signature and submit to **lwoodson@edgewaterhealth.org**.



My Brother's Keeper Lake County, IN

Speak Up. Reach Out. Shatter The Silence. ART COMPETITION

REGISTRATION & PARENT AUTHORIZATION FORM

Student Name:		
Address:		
City:	State:	Zip Code:
Name of High School:		
High School Grade Lev	el:	
Parent Name Printed:		
Parent's signature permits Edge	ewater Health to use the student edia, print, online, radio, and pub	t's name, photo, and artwork or photo of artwork in event
Parent Phone Number		Parent Email:
	•	eme Speak Up. Reach Out. Shatter The Silence. nitted to Iwoodson@edgewaterhealth.org by the deadline):