



CALGARY INTERNATIONAL  
**SPEECH CONTEST**  
FOR HIGH SCHOOL STUDENTS

**APPLICATION  
FORM**

**The following section is for the STUDENT APPLICANT'S information**

First Name		Middle Initial	Last Name	
Does this name match your name on your passport?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you <b>selected NO</b> please write your name here as it appears in our passport:				
First Name		Middle Initial	Last Name	
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Birth date:	
		Example: January 7, 2019		
Place of birth (City, State/Province/Region, Country):				
Citizenship:				
Current Street Address				
(Street Address, Room # (if applicable), Ward (if applicable), City, State/Province/Region, Country)				
Home Phone Number		Mobile Phone Number		
Primary E-mail address:				
Link (URL) of the "unlisted" YouTube video of your speech:				

**The following section is for the SCHOOL, PARENT/GUARDIAN and EMERGENCY CONTACT.**

Name of High School:	
School Address	
(Street Address, Room # (if applicable), Ward (if applicable), City, State/Province/Region, Country)	

<b>Parent/Guardian #1</b>		
*Please note this person will also be the Emergency Contact*		
First Name	Middle Initial	Last Name
Relationship to student:		
Home Phone Number	Mobile Phone Number	
Current Street Address		
(Street Address, Room # (if applicable), Ward (if applicable), City, State/Province/Region, Country)		
<b>Parent/Guardian #2</b>		
First Name	Middle Initial	Last Name
Home Phone Number	Mobile Phone Number	
Current Street Address		
(Street Address, Room # (if applicable), Ward (if applicable), City, State/Province/Region, Country)		
Relationship to student:		

**The following section pertains to MEDICAL HISTORY, PERISSIONS, & MEDIA RELEASE**

**Medical Information**

For the safety of the student, a record of any medical conditions is needed. This information will be kept confidential and only used in case of any emergency.

Does the student applicant have any medical conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you answered yes to the last question, please provide the name/description of the condition and how you will manage it during your trip to Calgary.


## Medical Permissions, Consent to Travel and Media Release

To be filled out by the parent/guardian or student if they are 18 years or age or older. The Organizer will email the parent/guardian to notify confirmation of receiving their permissions after it receives this application form. An official Letter of Consent to Travel will be required. More information will be provided to the finalists.

By inputting your name below you **hereby agree to permit** the local doctor or nurse to administer such routine medication as they deem advisable in the event of an emergency. If doctors are not able to contact either parent or guardian, the directors of the organization are hereby given permission to act on parent's behalf in signing permission for medical care as advised by a medical doctor.

First Name	Middle Initial	Last Name

By inputting your name below **you hereby acknowledge** that your child has been accepted as a finalist to the Calgary International Speech Contest and agree to permit your child to travel to Calgary, Alberta, Canada, to participate at the events set out in the event package document.

First Name	Middle Initial	Last Name

By inputting your name below **you hereby permit** the Contest Organization to take photos and videos of your child and use them for promotional purposes on the website and social media (Facebook, Instagram, Twitter), or anywhere else deemed appropriate.

First Name	Middle Initial	Last Name

Please submit **this form** along with your **Speech Manuscript** and **photo of your passport** to [floatinglanternpeace@gmail.com](mailto:floatinglanternpeace@gmail.com)

Good luck!

### Sponsors

This event would not be possible without the generous support of:

Dr. Arthur Clark  
Calgary Center for Global Community  
Humainologie  
City of Calgary

