

WEST TENNESSEE FALL WORKSHOP REGISTRATION FORM

FRIDAY, OCT. 30, 2026 * UNIVERSITY OF MEMPHIS

PLEASE PRINT CLEARLY; PHOTOCOPY THIS FORM IF ADDITIONAL SPACE IS NEEDED.

SCHOOL NAME _____ ADVISER _____

CONTACT EMAIL _____ PHONE _____

SCHOOL ADDRESS _____

STUDENT NAMES

INCLUDE ADDRESS & ZIP IF STUDENT WOULD LIKE INFO ABOUT LIPSCOMB UNIVERSITY

YEAR (CIRCLE)

MEDIUM (CHECK ALL THAT APPLY)

1. _____	7 8 9 10 11 12	☐ Newspaper	☐ Yearbook	☐ Online	☐ Literary Magazine	☐ Broadcast/Video
2. _____	7 8 9 10 11 12	☐ Newspaper	☐ Yearbook	☐ Online	☐ Literary Magazine	☐ Broadcast/Video
3. _____	7 8 9 10 11 12	☐ Newspaper	☐ Yearbook	☐ Online	☐ Literary Magazine	☐ Broadcast/Video
4. _____	7 8 9 10 11 12	☐ Newspaper	☐ Yearbook	☐ Online	☐ Literary Magazine	☐ Broadcast/Video
5. _____	7 8 9 10 11 12	☐ Newspaper	☐ Yearbook	☐ Online	☐ Literary Magazine	☐ Broadcast/Video
6. _____	7 8 9 10 11 12	☐ Newspaper	☐ Yearbook	☐ Online	☐ Literary Magazine	☐ Broadcast/Video
7. _____	7 8 9 10 11 12	☐ Newspaper	☐ Yearbook	☐ Online	☐ Literary Magazine	☐ Broadcast/Video
8. _____	7 8 9 10 11 12	☐ Newspaper	☐ Yearbook	☐ Online	☐ Literary Magazine	☐ Broadcast/Video
9. _____	7 8 9 10 11 12	☐ Newspaper	☐ Yearbook	☐ Online	☐ Literary Magazine	☐ Broadcast/Video
10. _____	7 8 9 10 11 12	☐ Newspaper	☐ Yearbook	☐ Online	☐ Literary Magazine	☐ Broadcast/Video

ADVISER NAME(S)

MEDIUM (CHECK ALL THAT APPLY)

1. _____	☐ Newspaper	☐ Yearbook	☐ Online	☐ Literary Magazine	☐ Broadcast/Video
2. _____	☐ Newspaper	☐ Yearbook	☐ Online	☐ Literary Magazine	☐ Broadcast/Video

REGISTRATION FEES (SO THAT WE CAN HAVE AN ACCURATE COUNT FOR MEALS AND SEATING, PLEASE POSTMARK BY OCT. 15)

For THSPA member schools*

Total attendees _____ x \$19/each = _____

For non-member schools*

Total attendees _____ x \$24/each = _____

If you are joining THSPA while paying for workshop registration, please transfer the above total to the "Attendance at Fall Workshop" line on the THSPA Membership Application. The earlybird deadline is postmarked by Aug. 31.

* To have your staff join THSPA and qualify for the discounted registration fee, fill out a membership form, available at www.Lipscomb.edu/THSPA, and mail it with this form. For the sake of convenience, you may pay for membership and workshop attendance with one check. Or, you may pay for your workshop attendance later. THSPA membership is \$25 per medium if you join by Aug. 31; the fee is \$45 per medium if you join after Aug. 31. (Join by Aug. 31 and bring at least five students to the workshop, and you recoup your membership fee!)

Postmark this registration form, the THSPA Membership Application and check (made payable to Lipscomb University) to:

Dr. Jimmy McCollum, THSPA, Lipscomb University
One University Park Drive
Nashville, TN 37204-3951

Please print the following waiver form, required by the University of Memphis, for each student and have a parent/guardian fill it out and sign. The waiver forms may be mailed with the registration, or the adviser may bring them all to the workshop.

THE UNIVERSITY OF MEMPHIS PROGRAM PARTICIPATION AND PARENTAL CONSENT

Participant Information

Full Name of Child (First/Middle/Last): _____
Date of Birth: ____/____/____ Gender: _____ Age: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____ Alternate Phone: () _____

Required Emergency Medical Information

Health Insurance: Y N Company: _____
Policy #: _____ Primary Insured: _____
Family Physician: _____ Office Phone: () _____

Emergency Contact(s)

Emergency Contact #1: _____
Relation: _____ Home / Work Phone: () _____
Cell Phone: () _____

Emergency Contact #2: _____ Relation: _____
Home / Work Phone: () _____ Cell Phone: () _____

Parent Information

Name of Parent/Legal Guardian: _____
Address (if different than Participant): _____
City: _____ State: _____ Zip: _____
Home Phone: () _____ Alternate Phone: () _____
Email Address: _____

Media Release

I hereby authorize the University of Memphis and those acting pursuant to its authority to: record my Child's likeness and voice in any medium; use my Child's name in connection with those recordings; and use, reproduce, exhibit, or distribute in any medium these recordings for any purpose that the University deems appropriate, including promotional or advertising efforts, without payment of fees, royalties, special credit, or other compensation. I release the University from liability of any violation of any personal or proprietary right I or my Child may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University.

Assumption of Risk

I realize and appreciate the risks in allowing my Child to participate in the program sponsored by the University of Memphis. These risks may include personal and/or economic harm, as well as harm to property. I further realize that these risks may be presently known and unknown, but I have chosen to allow my Child to participate in the program. Therefore, I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life, or damage to property arising out of training, preparing, participating, and traveling to or from the program.

Exculpatory and Indemnification Clause

I, on behalf of my Child, hereby release the University of Memphis, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Event Staff, and all other officers, directors, employees, volunteers and agents from any and all liability as to any right of action that may accrue for any injury to my Child or loss that my Child may suffer while training, preparing, participating, and/or traveling to or from the program. I, on behalf of my Child, further release, indemnify, and hold harmless the University from and against any and all liability, actions, debts, claims, and demands of every kind whatsoever. I understand that the University accepts no responsibility for my Child's personal property.

Medical Acknowledgment and Consent

I recognize that there may be occasions where my Child may be in need of first aid or emergency medical or dental treatment as a result of an accident, illness, or other health condition or injury. I hereby give my consent/ authority for Program Staff to administer or obtain the necessary emergency medical treatment for my child with the understanding that I will be notified as soon as possible. In so doing, I agree to pay all fees and costs arising from this action to obtain medical treatment.

SIGNATURE REQUIRED: I have read, understood, and freely agreed to the information above.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: ____/____/____