

What: Legacy Health Career Day (Sim Lab)
Date: Wednesday, February 27, 2019
Check-in time: 8:45 am **Start/End time:** 9:00-12:00 pm
Registration closes: **When filled. Seats fill fast!** Send a registration form and await confirmation.
Meeting location: Legacy Emanuel Medical Center – 2801 N Gantenbein Ave, Portland, OR 97227
Transportation: Students are responsible for their own transportation to and from the event.
What to wear: **Dress to impress!** Business casual attire is best. No shorts, sweat pants, crop tops, hats, t-shirts with objectionable logos/graphics or gum. Nice, clean jeans are ok.
For more information: Visit www.portlandworkforcealliance.org/events for more information.
Students should direct questions to their School Contact (career coordinator or teacher)
School Contacts direct questions to PWA staff (career@portlandworkforcealliance.org)

By signing below the student and parent/guardian acknowledge the following:

- The student will attend and participate fully in activities and the entire program.
- The student will not be allowed to leave the premises or leave early; attendance will be taken periodically.
- The student agrees to conduct him/herself appropriately as representatives of his/her school.
- The student agrees to show respect for PWA and event staff, school personnel, and other students.
- The student will dress appropriately for the event. (See “What to wear” above.)
- The parent/guardian gives permission for the student’s picture or video to be taken at the event and for those photos or recordings to be used for promotional and educational purposes.
- The parent/guardian permits the student’s name to be on participant roster distributed to school contacts.
- Portland Workforce Alliance and other involved companies (named above) have no liability for this activity. Each participant is responsible for his/her own safety and agrees not to look to PWA or other involved parties with regard to liability for any claims related to participation in activities at the event.
- The student will abide by employer non-disclosure policies, such as restrictions on taking photographs or sharing any proprietary information.

STUDENT	
Student Name (Print):	School:
Grade: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Best way to reach you: <input type="checkbox"/> Cell phone <input type="checkbox"/> Email
Cell phone:	Email (Print clearly):
Student signature:	Date:
PARENT/GUARDIAN PERMISSION	
Parent/Guardian Name (Print):	Day phone:
Alternate emergency contact name:	Day phone:
Parent/Guardian signature:	Date:
SCHOOL CONTACT ENDORSEMENT	
School Contact Name (Print):	School job title:
Day phone:	Email (Print clearly):
School contact signature:	Date:

EMAIL COMPLETED FORM (VIA SCAN OR PHOTO) TO CAREER@PORTLANDWORKFORCEALLIANCE.ORG