



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

A GROWING WORLD FOR GROWING GIRLS

Character Counts: Girls Empowerment Conference

Character Counts: Girls Empowerment Conference is a wonderful FREE conference designed to empower young girls, in grades 5 through 8, to accept and develop self! Under the leadership of caring workshop leaders, girls will have the opportunity to learn about self-awareness, peaceful problem solving, healthy bodies, building quality relationships, and setting goals to achieve dreams!

WHO

GIRLS in grades 5 through 8

WHEN

Saturday, February 9, 2013 | 9:00am to 3:30pm

LOCATION

M. Robinson Baker YMCA
3265 Market Street
Oakland, CA 94608

COST

Free (includes breakfast and lunch)

TO REGISTER

Complete the attached form
and return by
February 1, 2013

CONTACT

Jovan Long | ph 510.654.9622
Email: jlong@ymcaeastbay.org





YMCA OF THE EAST BAY

2013 Conference Registration Form

Complete one form per child

PARTICIPANT'S INFORMATION

Child's Full Name

Gender M F Age Birthdate Grade Ethnicity

Address

City Zip Home Phone

Parent/Guardian (1) Name

Birthdate Ethnicity

Employer Occupation

Daytime Phone

Pager/Cell Phone

Email Address

Parent/Guardian (2) Name

Birthdate Ethnicity

Employer Occupation

Daytime Phone

Pager/Cell Phone

Email Address

CONFERENCE OPTIONS

WEEK Please check the conference you are selecting.

TRANSPORTATION NEEDED?

How did you hear about this YMCA program?

<input type="checkbox"/> February 9 — Girls Empowerment Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Friend <input type="checkbox"/> School <input type="checkbox"/> YMCA Member
<input type="checkbox"/> February 23 — Boys Empowerment Conference	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Previous Participant <input type="checkbox"/> Mailed Brochure
		<input type="checkbox"/> Other (Please specify):

ADDITIONAL INFORMATION

Emergency Information

Authorized persons to be called in case of an emergency when parents cannot be reached:

Name	Phone	Relationship
.....
.....
.....

Information Required By State Law

Health Insurance Company

Policy Number

Family Physician

Address Phone

Family Dentist

Address Phone

Tetanus Immunization Date

Health Record (Check applicable conditions or allergies)

Ear infections Convulsions Rheumatic Fever Diabetes

Insect Stings Poison Oak Hay Fever Penicillin

Behavior Problems:

Other:

Operations, serious injuries, diseases, restrictions on physical activity:

Child Release Authorization

Persons authorized to pick-up child from the facility (parents must be listed below):

Name	Phone	Relationship
.....
.....
.....

Persons NOT authorized to pick-up child from the facility:

Name	Phone	Relationship
.....
.....

Child in Custody of (Check one):

Both parents Mother Father Other:

Child Lives with (Check one):

Both parents Mother Father Other:

Parent/Guardian Authorization

This Health History is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the physician selected by the YMCA to order x-rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. Recognizing that the YMCA will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release the YMCA from all responsibility and liability of any nature, including claims from injury, illness, death, loss or damage, resulting from my child's participation in program activities. Photos of my child may be used for promotional purposes. This form may be photocopied for use away from the main program site. I authorize the YMCA staff to apply sunscreen to my child's exposed skin, on an as-needed basis.

Parent/Guardian Signature Date