



**GIRLS' EMPOWERMENT DAY**  
Saturday February 23, 2019 10:00 am – 2:00 pm at Marist College  
Cornell Boathouse: 3399 North Road, Poughkeepsie, NY 12601

## Registration Form

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

School you Attend: \_\_\_\_\_ Grade: \_\_\_\_\_

### Emergency Contacts:

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

### Medical History: (Please explain any of the checked boxes below)

Allergies  Dietary Restrictions  Medications  Illness/Health Concern  Other

### Statistical Information (only used for JLP grant applications):

Ethnicity: Hispanic  Non-Hispanic  Prefer not to answer

Race: White/Caucasian  Black or African American  Asian  American Native/Alaskan Native   
Native Hawaiian/Pacific Islander  Other  Prefer not to answer

### Parent/Guardian Information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

### \*Custodial Release:

If an individual other than the child's legal guardian will be picking her up after the event, please provide the following:

Name & Relationship \_\_\_\_\_ Address: \_\_\_\_\_ Cell : \_\_\_\_\_

### Photo Release:

I give the Junior League of Poughkeepsie permission to use photos, videos, direct quotes, and/or audio clips of my child participating in this event for the purpose of publications, promotional brochures, website, social media and other similar lawful purposes.

Please Check: YES  NO  Parent/Guardian initials: \_\_\_\_\_

### Acknowledgement of Risk:

I acknowledge that my child will be participating in physical activity during this event. I have disclosed any health concerns in the Medical History portion of the form.

Parent/Guardian initials: \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Participant Survey:

1. What does *empowerment* mean to you?
2. Why do you want to participate in Girls' Empowerment Day?
3. Which careers or occupations interest you?
4. Would you like to partner with a mentor from Junior League of Poughkeepsie with whom you could regularly communicate?
5. How did you hear about the program?
6. Do you know a friend that may be interested in the program? List her name, email and phone number here so we may reach out.

### Code of Conduct/Expectations:

I promise to respect the privacy of my fellow participants by maintaining confidentiality.  
I will show respect to the speakers and volunteers by listening attentively and participating in group activities.  
I will wear comfortable clothes so that I may participate in physical activities.  
I will be "unplugged" from all technology during the program. (Cell phones are permitted during breaks)

Participant initials: \_\_\_\_\_

***\*Identification will be checked at pick up to match either parent/ guardian or custodian.***

***\*\*Please e-mail completed form to [jlpgirlsempowerment@gmail.com](mailto:jlpgirlsempowerment@gmail.com) by January 31, 2019\*\****

***You can also email us with any questions you may have.  
We are looking forward to meeting you!***