

Young Women's Empowerment Weekend ~ Registration Application

Purpose

To empower young women to be proud of who they are and gain the tools they need to be successful in their relationships with themselves and others.

<i>Participant Personal Information</i>	<i>Parent Information (remember to answer the parent question)</i>
First Name: _____	First/Last Name: _____
Last Name: _____	Address: _____
Address: _____	City: _____ ST: _____ Zip: _____
City: _____ ST: _____ Zip: _____	Home Phone: (_____) _____ - _____
Home Phone: (_____) _____ - _____	Cell Phone: (_____) _____ - _____
Email: _____	Work Phone: (_____) _____ - _____
Date of Birth: _____ Age: _____	Email: _____
Name of School/Agency: _____	<i>Emergency Contact (during the event)</i>
Grade: _____	Name/Relation: _____
Please list any psychological or medical conditions that we should know about and any medications you are taking. _____ _____	Phone: _____
	Secondary Contact: _____
	Phone: _____
<u>Participant:</u> Please answer the following questions on a separate piece of paper and submit them with your application forms.	<u>Parent/Guardian:</u> Please answer the following question on a separate piece of paper and submit it with your child's application forms: What impact would you like this weekend to have on your daughter and how will you support this growth? <i>Tuition Information</i> The tuition for the event is \$150. Payment in full is required at the time of registration in the form of check or money order made out to "Young Women's Empowerment Weekend." Mail payment and registration forms to: 310 Locust St. Suite E, Santa Cruz, CA 95060 Upon receipt of your completed application, you will be contacted to schedule a registration interview.
How did you hear about the YWEW:	
Friend (Name): _____	Graduate of the YWEW (Name): _____
Organization (Name): _____	Other (Please specify): _____
I am making a commitment to participate in the Young Women's Empowerment Weekend	
_____	_____
(Signature of Participant)	(Date)

Young Women's Empowerment Weekend Release Form

Terms and Conditions

PARENTS, LEGAL GUARDIANS or PARTICIPANT (if adult):

PLEASE READ THE FOLLOWING TERMS, CONDITIONS AND AGREEMENTS CAREFULLY.

You will receive an acknowledgement upon approval of your completed Registration Form. A letter with the necessary equipment and clothing needs as well as the site address and directions will be given to you before the weekend. Meals and snacks will be provided for all participants during the weekend.

SAFETY

For the safety and comfort of all the participants, it is important that parents or legal guardians and participants understand and agree to all information herein. Participants must obey safety rules established for the Young Women's Empowerment Weekend TM (hereinafter referred to as "YWEW") at all times. Abusive, destructive, violent or unsafe behavior, excessive swearing, or theft will not be tolerated. Violation of these rules or other rules as directed by YWW staff will result in dismissal from the weekend without a refund of any kind. Any costs to transport the participant home will be borne by the parents or legal guardians.

ASSUMPTION OF RISK

I confirm that I have/the participant has voluntarily agreed to participate in the YWEW. I/We understand that the YWEW may take place in a wilderness setting and may include such activities as hiking, campfires, games, and possibly other activities. I understand that some activities involved in the YWEW will be outside in a camp setting and that personal injuries may occur. I understand that not all of the risks associated with group activities occurring during the weekend are known or predictable. I have no reservation about my/the participant's physical fitness or health that would prevent me/her from participating in activities, except as noted on the YWEW Medical Information Form. In addition to authorizing the participant to participate in the YWEW, I/we authorize the participant to participate in any post weekend program or event with the understanding that all of the terms and conditions contained on this form will apply.

RELEASE

I acknowledge the risks inherent in the above mentioned settings and activities and recognize that personal injuries, damage to personal property or even death may occur and I agree to accept these risks. I/We, for myself, my spouse, any child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, specifically and forever release and discharge any and all claims for damages I may have or which may occur to me or my children as a result of my/her participation in this event, the YWEW's event managers, facilitators, liaisons, mentors, organizers, volunteers, Bridging With Youth Board, and/or other participants, sponsoring agencies, sponsors, supporters, associates and advertisers, or premises used to conduct the event, from any and all actions as they relate to injury, disability, death, loss or damage to person or property, whether arising from negligence of the releases or otherwise to the fullest extent of the law. These actions include obligations, costs, expenses, attorney's fees, damages, loss, claims, liabilities and demands of whatever nature, known or unknown, suspected or unsuspected, predictable or unpredictable, arising directly or indirectly related to the participant's participation in the weekend.

CONSENT TO AUDIO TAPING AND PHOTOGRAPHING

I/We understand that the weekend may be photographed, and/or audio taped by YWEW staff, and the YWEW does hereby have my permission to use the photographs and/or audiotapes in any way YWEW chooses and I/We have no rights to any compensation or remuneration of any kind.

ARBITRATION CLAUSE

I agree to have any claim, controversy or dispute relating to the enforcement or interpretation of this document or arising or relating to my/the participant's attendance at the YWEW, submitted to binding arbitration under the rules and regulations of the American Arbitration Association. The arbitration shall take place in San Francisco, California. I do hereby waive my right to bring an action before a judge or jury in any court and I understand that I am giving up my rights to discovery and appeal. Any award rendered in any arbitration may be made by a judgment by any court of competent jurisdiction. I understand that if I refuse to submit to arbitration after agreeing to the provision, I may be compelled to arbitrate under the authority of the California Code of Civil Procedure.

EMERGENCY MEDICAL TREATMENT AUTHORIZATION FOR MINORS

In the event of an emergency, injury, or illness to my child, I understand that reasonable effort will be made to contact me, my spouse, or next of kin (if an adult) by means of telephone as listed on the registration form. In the event I cannot be reached, or our own doctor is not readily available, I hereby authorize a representative from the Young Women's Empowerment Weekend TM to act as agent with full power in my name to take the participant to the closest appropriate medical facility for evaluation and treatment. Treatment could include anesthesia, surgery, or injection of medication for my child (or for me, if adult). I agree to be responsible for the payment of the emergency medical treatment.

This document contains all of the agreements and understandings between the parties and no representation other than those contained herein have been relied upon by any of the parties. This agreement shall be construed in accordance with the laws of the State of California. In the event that any provision herein shall become unenforceable or declared invalid, the remaining provisions shall remain in full effect. I hereby acknowledge that I have carefully read and that I understand the terms and conditions of the above agreement. I am aware that this is a release from liability regarding the parties listed above and an assumption of risk by myself. I further understand and agree that this waiver, release, and assumption of risk are to be binding upon my heirs and assigns.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release from liability regarding the parties listed above and an assumption of risk by myself.

Signature (Parent or Legal Guardian)

Date

Signature (Participant)

Date

Mail completed release form along with your registration application, supplementary questions, medical information form, and tuition check to 310 Locust St. Suite E, Santa Cruz, CA 95060

Young Women's Empowerment Weekend Supplementary Questions

Please answer the following questions about your daughter and submit with application:

Yes No Is your child 12 to 18 years old (In 7th – 12th grade) and in middle or high school at the time of the YWEW?

Yes No Can your daughter say seated and listen attentively for a minimum of 30 minutes.

Yes No Is your child respectful to adults?

Yes No Will you be available to pick up your daughter within one hour if necessary? If not, who do you have in place that can do this? _____.

Yes No Does your daughter have any psychological or medical condition(s)? If so, please list what they are:
_____.

Yes No Is our daughter on any medications?

If your daughter is on any medication:

- Reason for taking medication? _____
- How long has she been on medication? _____
- Does she know how to self-administer her medication when not at home? _____.
- The YWEW does not administer drugs of any kids. Do you foresee this as a problem? Yes No

Yes No Has your family or daughter had any recent traumatic events or losses? If yes, how your daughter coping (ex. "Is your child eating regularly? Sleeping regularly? Is she constantly crying, angry or shut down?"). Please share briefly what the traumatic event is: _____
_____.

Yes No Does your child smoke? The YWEW does not permit young women under 18 years of age to smoke under any circumstances. This includes, but is not limited to tobacco, marijuana, and cloves.

Yes No If your daughter smokes does she or you foresee any withdrawal issues?

Yes No Will you be picking up your daughter and attending the graduation at 11:45am Sunday? If not, who do you have in place to do this?
_____.

Yes No Do you have any questions?
_____.

Please let your daughter know that they should not bring valuables to the YWEW, and that the possession or use of alcohol or drugs at the YWEW will result in removal from the YWEW. This is the YWEW "Unplugged" which means there will be no cell phones, pagers or ipod... any electronics. There is a number that parents and guardians can call in case of emergency. Anyone caught with alcohol and/or drugs, who is stealing, or who is abusive or violent, will be required to leave the event and no refund will be given.

Mail completed Supplementary Questions form along with your registration application, medical information form, and tuition check to 310 Locust St. Suite E, Santa Cruz, CA 95060

Young Women's Empowerment Weekend Medical Information Form

Name: _____

Date of Birth: _____ Age: _____

Doctor's Name: _____ Dr.'s Phone: _____

Insurance Carrier Name: _____

Insurance/Group Plan #: _____ ID#: _____

List any medication you will be taking during the weekend: _____

Special dietary requirements: _____

Allergies: _____

Does the participant have a current CPR Card? _____ YES _____ NO

Check all items that apply, past or present, to your health history. Explain any checked items.

☐ Asthma
☐ Convulsions
☐ Seizures

☐ Diabetes
☐ Heart Trouble
☐ Hemophilia

☐ Kidney Disease
☐ High Blood Pressure
☐ Cancer/Leukemia

Explain: _____

List any physical or behavioral conditions that may affect or limit full participation in sitting, standing, hiking or strenuous physical activities: _____

Do you have a history of walking in your sleep? _____

List special equipment needed, such as wheelchair, body brace(s), glasses, contact lenses, etc.: _____

Parent/Guardian: _____

Signature

Date

Participant signature (if age 18): _____

Signature

Date

Mail completed medical information form along with your registration form, supplementary questions, release form, and tuition check to 310 Locust St. Suite E, Santa Cruz, CA 95060