

Participant Signature

## **GIRLS' EMPOWERMENT DAY**

## Saturday May 5, 2018 9:30am – 3:30pm Dutchess Community College, Drumlin Hall Greenspan Cafeteria Registration Form

| Name:   |  |   |                                     | Birth Date: _  |        |
|---|--|---|-------------------------------------|--|--------|
| Home Phone:   | Em   | nail:   |                                     |  |        |
| Address:  |  |   |                                     |  |        |
| (Str  | reet)  | (City)  |                                     | (State)  | (Zip)  |
| School you Attend:  |  |   |                                     |  | Grade: |
| mergency Contacts:  |  |   |                                     |  |        |
| Name  | Relatio  | nship   | Phone                               | Alt. Phon  | е      |
| Name  | Relatio  | nship   | Phone                               | Alt. Phone   | е      |
| Medical History:<br>Illergies □ Dietary Restricti<br>Please explain any checked be  |  | ness/Health Cor   | ncern □                             |  |        |
| Statistical Information:  | Hispanic □ Prefer not to a   | answer □  |                                     |  |        |
| Statistical Information:<br>Ethnicity: Hispanic □ Non-<br>Race: White/Caucasian □ E<br>Native Hawaiian/Pacific  | Black or African American □<br>SIslander □ Other □ P   | Asian □ Ar  |                                     | Native □   |        |
| Statistical Information: Ethnicity: Hispanic □ Non- Race: White/Caucasian □ E Native Hawaiian/Pacific Parent/Guardian Informat  | Black or African American □<br>c Islander □ Other □ P  | Asian □ Ar<br>Prefer not to ansv  |                                     |  |        |
| Statistical Information: Ethnicity: Hispanic □ Non- Race: White/Caucasian □ E Native Hawaiian/Pacific Parent/Guardian Informat  | Black or African American □ c Islander □ Other □ P   | Asian □ Ar<br>Prefer not to ansv  | ver □<br>mail:                      |  |        |
| Statistical Information: Ethnicity: Hispanic   Race: White/Caucasian   Race: White/Caucasian   Race: White/Caucasian   Race: Hawaiian/Pacific Rarent/Guardian Informat Rame:   Rame:   Rame Phone:   Raddress:        | Black or African American □ c Islander □ Other □ P  ion: Cell Pho  | Asian □ Ar<br>Prefer not to ansv  | ver □<br>mail:                      |  |        |
| Statistical Information: Ethnicity: Hispanic   Race: White/Caucasian   Race: White/Caucasian   Race: White/Caucasian   Race: Mative Hawaiian/Pacific Rarent/Guardian Informat Rame:   Rame:   Rame Phone:   Raddress: | Black or African American □ c Islander □ Other □ P   | Asian □ Ar<br>Prefer not to ansv  | ver □<br>mail:                      |  |        |
| Parent/Guardian Informat Name: Home Phone: Address:   | Black or African American  c Islander  Other  P  ion: Cell Pho reet)   | Asian □ Ar<br>Prefer not to answ<br>Ene:E   | wer □<br>mail: Oth                  | ner:(State)  |        |
| Statistical Information: Ethnicity: Hispanic  Non- Race: White/Caucasian  E Native Hawaiian/Pacific  Parent/Guardian Informat Name: Home Phone: (Str  | Black or African American □ c Islander □ Other □ P  ion: □ Cell Pho  reet)  child's legal guardian will be  ie may use photos, videos, d | Asian □ Arefer not to answerefer not answerefer not to answerefer not to answerefer not to answerefer | mail: Oth fter the event, please no | ner: (State)  Ite here:  ild participating in theoses. | (Zip)  |

Parent/Guardian Signature

Date

Date

| Pa                 | rticipant Survey:  |
|--------------------|--|
| 1.                 | What does empowerment mean to you?   |
| 2.                 | Why do you want to participate in Girls' Empowerment Day?  |
| 3.                 | Are you interested in partnering with a mentor from Junior League of Poughkeepsie with whom you could regularly communicate?   |
| 4.                 | How did you hear about the program?  |
| 5.                 | 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.  |
| l pı<br>l w<br>l w | ode of Conduct/Expectations:  romise to respect the privacy of my fellow participants by maintaining confidentiality.  ill show respect to the speakers and volunteers.  ill wear comfortable clothes so that I may participate in physical activities.  rticipant initials: |
| . a                | norpain minute   |

\*\*Please print, complete form, and e-mail to <a href="mailto:ilpgirlsempowerment@gmail.com">ilpgirlsempowerment@gmail.com</a> by April 9<sup>th</sup> \*\*

You can also e-mail with any questions you may have. We are looking forward to meeting you!