

Bee Inspired

Girlz Workshop Series

Registration Form

Registration forms can be mailed to Tiffany Larson, Bee Inspired CAPP Coordinator, 500 Fairmeadow Drive, Suite A, Webster City, IA, 50595 by 2/8/12. Workshops take place from 4-7pm at Faith United Methodist Church. Supper will be provided. Dates to participate are 2/13, (no 2/16), 2/20, 2/23, 2/27, 3/1, & 3/5.

Please contact Tiffany if you have questions at 515-832-1791 ext.204 or tlarson@hamiltoncountymhsb.org, Thanks☺

PLEASE PRINT

1. TEEN'S FIRST NAME: _____ LAST NAME: _____
2. PARENT/GUARDIAN PRINTED NAME(S): _____

3. HOME ADDRESS: _____ CITY _____
ZIP CODE: _____ DAYTIME PHONE #: _____
4. AGE & GRADE: _____
5. SCHOOL NAME: _____
6. EMAIL ADDRESS (FOR FUTURE INFO): _____
7. ARE THERE ANY SPECIAL NEEDS (ALLERGIES/HEALTH CONDITIONS/FOOD NEEDS) WE SHOULD BE AWARE OF? Y / N
8. IF YES, PLEASE
EXPLAIN: _____

9. EMERGENCY CONTACT NAME: _____
10. EMERGENCY CONTACT PHONE #: _____
11. T-SHIRT SIZE: S M L XL XXL

12. PARENT/GUARDIAN CONSENT FOR TEEN PARTICIPATION:

I hereby request and give consent that my teen _____ be given permission to participate in the **Bee Inspired** Girlz Workshop Series.

I understand and agree to the following:

- The workshop consists of education and information related to healthy & safe choices, self-esteem, relationships, service learning, and more. I understand that she will participate in activities and discussions, and may be exposed to images related to domestic violence, sexual harassment, cyber-bullying, illegal drugs, sexuality, alcohol, and more.
- In consideration of my child being allowed to participate in the **Bee Inspired** workshop series, I hereby release from liability and agree to indemnify and hold harmless the following people that are sponsoring the event: Bee Inspired CAPP Coordinator, Public Health, Building Families, Community & Family Resources, All Cultures Equal, D/SAOC, Decat, or any of their employees/ staff, or any additional volunteers of the workshop, from any claim or cause of action arising out of, and related to any injury, loss, damages, or other liabilities that may occur as a result of my teen's participation.
- I understand that there is a field trip involved in the series (DATE & LOCATION TBD), and therefore, my teen has permission to be transported by CFR (Community & Family Resources) agency staff or volunteers involved.
- I grant permission for my teen to appear in person, voice, video, photos that may appear in the media because of the **Bee Inspired** workshop series, and for the purpose of prevention education and promotion.
- I authorize individual(s) from the sponsoring agencies to consent to emergency medical treatment as necessary for the health and safety of my teen.

TEEN/PARTICIPANT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

FUNDED BY DECAT AND SPONSORED BY:

THE Bee Inspired COMMUNITY ADOLESCENT PREGNANCY PREVENTION (CAPP) COORDINATOR
Currently serving Hamilton, Humboldt, & Wright Counties

COLLABORATING AGENCIES INCLUDE:

COMMUNITY & FAMILY RESOURCES (CFR), ALL CULTURES EQUAL (ACE), & DOMESTIC/SEXUAL ASSAULT
OUTREACH CENTER (D/SAOC)