



## Girls' Empowerment Movement (GEM) Program

### Nelson Winter 2018 Registration Form

Thank you for joining the Girls' Empowerment Movement! We are excited to share six sessions of fun and discovery together with the GEM girls. **Please read the following information, as well as fill out & sign the forms below.**

**Registration:** Please fill out the registration form and mail with the fee to: GEM Program, Nelson & District Women's Centre, 420 Mill Street, Nelson, BC V1L 4R9. Or, you can drop off to a staff member during Drop-In Hours (Tuesdays to Thursdays, Noon to 4:00pm).

There will be a **Parent Session on Saturday, February 10<sup>th</sup> @ 4:00pm to 5:00pm at the Nelson & District Women's Centre** for parents and/or guardians of participants. **Please plan to attend this session**, as your involvement enables your daughter to receive maximum support and benefit from the program.

**And parents and families** of the girls are invited to attend the final portion of the last session: **Saturday, March 10<sup>th</sup> from 2:30pm to 3:00pm**. The girls will be sharing some of their experiences with you, so **please mark this on your calendar!**

#### **Program Dates:**

Saturday, February 3<sup>rd</sup>, 2018

Saturday, February 10<sup>th</sup>, 2018

Saturday, February 17<sup>th</sup>, 2018

Saturday, February 24<sup>th</sup>, 2018

Saturday, March 3<sup>rd</sup>, 2018

Saturday, March 10<sup>th</sup>, 2018

**Program Time:** 11:00am to 3:00pm. Lunch will be provided.

**Location:** Nelson & District Women's Centre, 420 Mill Street, Nelson, BC

**Contact:** Raina Gardner (Coordinator) 250-352-9949 [gem@nelsonwomenscentre.com](mailto:gem@nelsonwomenscentre.com)

250-352-9949

420 Mill Street, Nelson, BC V1L 4R9

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Participant's Name(s): \_\_\_\_\_

Age: \_\_\_\_\_ School (if applicable): \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

BC Health Care Card #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Dentist's Phone Number: \_\_\_\_\_

Does the participant have any food allergies/sensitivities? If so, please describe:

\_\_\_\_\_

Does the participant have any medical and/or mental health conditions or special needs that the facilitator should be aware of? \_\_\_\_\_

\_\_\_\_\_

In the case of an emergency, do we have permission to call an ambulance for your daughter(s)? \_\_\_\_\_

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**WAIVER OF ALL CLAIMS, RELEASE OF LIABILITY, and ASSUMPTION OF ALL RISKS**

**WARNING: By signing this, you also give up the right to sue for any injury or damages**

Nelson & District Women's Centre means the society, its officers, directors, employees, contractors, agents, and any person acting on their behalf.

In consideration of Nelson & District Women's Centre accepting the application for my child to be permitted to take part in the Girls' Empowerment Movement (GEM) Program, I agree to this release from liability, waiver of all claims and agreement not to sue. In addition, I also agree to assume the dangers and risks of activities during the Girls' Empowerment Movement (GEM) Program.

I also agree for myself, my heirs, my executors, administrators and assignees to forever discharge and release Nelson & District Women's Centre for any personal injury, death, property damage or loss sustained by me as a result of my child's participation in the Girls' Empowerment Movement (GEM) Program due to any cause whatsoever, including, without limitation, negligence on the part of Nelson & District Women's Centre.

I further acknowledge and agree that I am to supply my child with any necessary medications, medical and such other medical supplies as I see fit, and inform Nelson & District Women's Centre of any medical and/or mental health conditions that may affect the health and/or safety of my child, and/or other participants in the program, and/or the Nelson & District Women's Centre.

I accept all the dangers and risks and the possibility of personal injury, death, property damage or loss resulting while my child is participating in the Girls' Empowerment Movement (GEM) Program. I agree not to sue Nelson & District Women's Centre on account of any circumstance whatsoever arising from my child's participation in the Girls' Empowerment Movement (GEM) Program. In signing this waiver as the guardian of the minor, I agree to indemnify and hold harmless Nelson & District Women's Centre from and against all costs, claims and liabilities of any nature and kind whatsoever arising from the participation of such minor in any activity of Nelson & District Women's Centre.

Name of Participant(s): \_\_\_\_\_

Name of Parent (Printed): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Refund Policy:** Should you need to cancel your participation in the course prior to 2 weeks before the start date, you will receive a full refund. Should you need to cancel your enrollment within 2 weeks of the course start date, you will receive a refund, less a \$25 administration fee. If you cancel after the course has started, no refund will be issued.

**Privacy policy:** All personal information is kept confidential and is collected and used for the sole purpose of administering your daughter's participation in the Girls' Empowerment Movement (GEM) program. In case of an emergency, parental and emergency contacts will be notified and medical assistance arranged.

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## Photography Release Form

Girls' Empowerment Movement (GEM) Program

I, \_\_\_\_\_ hereby grant to the Nelson and District Women's Centre, its representatives and employees the right to take photographs of my daughter in connection with the Girls' Empowerment Movement (GEM) Program. I authorize the Nelson and District Women's Centre, its assigns and transferees to copyright, use and publish in print and/or electronically.

I agree that the Nelson and District Women's Centre may use such photographs of my daughter with or without her name for any lawful purpose examples of which include: publicity, illustration, advertising and web content.

I, \_\_\_\_\_ have read and understood the above and have not given any individual or company the exclusive rights to my daughter's name or photograph.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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