

Girls' Empowerment Movement (GEM) Program

Kaslo Spring 2019 Registration Form

Thank you for joining the Girls' Empowerment Movement! We are excited to share four days of fun and discovery together with the GEM girls. Please read the following information, fill out the form below, print and sign the Waiver and Photography Release form and return them with payment (\$30*) to the Nelson & District Women's Centre.

Program Dates

Monday, March 25th, 10am-3pm

Tuesday, March 26th, 10am-3pm

Wednesday, March 27th, 10am-3pm

Thursday, March 28th, 10am-3pm

Lunch will be provided.

Location: 601 5th Street, Kaslo (St. Mark's Anglican Church)

Contact: Raina Gardner (coordinator) and Axel McGown (Program Assistant) 250-352-9949 gem@nelsonwomenscentre.com

If you are completing this form for more than one child, you can write multiple names/details into the various boxes, specifying child the information is more.

**Subsidies available*

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.

GEM REGISTRATION INFORMATION

Participant's Name(s): _____

Participant's Preferred Name (nickname or chosen name): _____

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)?

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: _____

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 child, _____, 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 child 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 child's name or photograph.

Signature of Parent/Guardian: _____

Date: _____