



2015 Leading Ladies of Legacy's Summer Camp G.L.O.W. Registration Form

Please complete this form to register your daughter for Camp G.L.O.W. This **form and payment** in full must be submitted by **May 22, 2015 BEFORE** a camper can be enrolled in our camp. Please print all information carefully. **Incomplete forms OR forms without full payment will not be processed.**

Space is limited, so register early! Online registration is available at www.leadingladiesoflegacy.org. For questions, call 404-889-8626 or email info@leadingladiesoflegacy.org. **Faxed forms will not be accepted.**

Mail form and payment in full to:

Leading Ladies of Legacy Inc.
2702 Jefferson Street Suite 100
Austell, GA 30168

A confirmation email will be sent as soon as this form and payment in full are received.

-----Please follow STEP 1-4 to complete your registration-----

STEP ONE: REGISTRATION INFORMATION

Student First Name: _____ Student Last Name: _____

Age: ___ Date of Birth (MM/DD/YYYY): _____

Entering grade in Fall 2015: 6 7 8

School: _____ School District: _____

Please circle student's t-shirt size (adult sizes): XS S M L XL

For reporting purposes, please indicate your student's ethnicity: (optional)

African-American Asian-American Caucasian
 Latina/Hispanic Native American Other, please state _____

Annual Household Income: \$0-\$19,999 \$20-39,999 \$40-44,999
 \$45-50,999 \$51-59,999 \$60-89,999
 \$90-119,999 \$120-149,999 \$150+

Number of members in household ___ Circle one: Single Income household Two-income household

Is your daughter receiving free or reduced lunch at school? Yes No

Parent First Name: _____ Parent Last Name: _____

Parent Email Address: _____

Highest Level of Parent Education: Up to 8th grade Some high school High School Graduate Some College College Graduate Masters or PhD Degree

Employer: _____ Position: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ State: ___ Zip: _____

How did you hear about Camp G.L.O.W.? (Please be specific) _____

Any known food and or drug allergies: _____

Any medical conditions or learning disabilities of which we should be aware: _____



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STEP TWO: PAYMENT Enclosed amount \$_____

Please make check or money order payable to Leading Ladies of Legacy Inc.

Reminder: This form and payment of full tuition must be submitted BEFORE a camper can be officially enrolled in a Leading Ladies of Legacy camp. A \$35 service charge will be applied to all returned checks.

STEP THREE: PERMISSION FORM

My daughter/ward, _____, has my permission to participate in the Leading Ladies of Legacy summer Camp G.L.O.W. in Austell, GA.

I understand that as a part of Camp G.L.O.W., my daughter/ward may be videotaped, audio taped, interviewed, and/or photographed and agree to allow Leading Ladies of Legacy Inc. to keep, as our property, the products of such videotaping, audio taping, interviewing, and/or photographing and I agree that such material, along with my child's name may be used and posted on the Leading Ladies of Legacy website, for promoting the Leading Ladies of Legacy programs and in any publicity generated by Leading Ladies of Legacy Inc. I also understand that my daughter/ward may be asked to do or participate in projects that may also be used by Leading Ladies of Legacy Inc. for publication in a variety of forums including the Leading Ladies of Legacy newsletter, website, and other publications, and that no compensation will be paid for such use.

I understand that by participating in Leading Ladies of Legacy Inc's summer Camp G.L.O.W., my daughter/ward becomes part of a program/study concerning girls and their attitudes toward STEM related subjects like math/science. I hereby grant permission for my daughter/ward to participate in this program/study. I further understand that Leading Ladies of Legacy will only release the information in accordance with Leading Ladies of Legacy policy and procedures.

I understand that participating in Camp G.L.O.W. allows my daughter/ward no special rights or expectations regarding Camp G.L.O.W., including the right to sue any party involved in the implementation and execution of Camp G.L.O.W.'s programs. I agree to hold harmless Camp G.L.O.W., their agents and employees from all claims, damages, losses, injuries and expenses arising out of resulting from participation in these activities. I further agree not to sue Camp G.L.O.W., their agents and employees for any actions or causes of action, including the negligence of Camp G.L.O.W. arising out of participation in this program.

Parent/Guardian Signature

Date



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During the hours that Camp G.L.O.W. is in session, I, _____, can be reached at _____ (cell) or _____ (home). If I cannot be reached in the event of an emergency, the following adults are authorized to act in my behalf:

Name: _____ Relationship to girl: _____
Home Phone: _____ Work Phone: _____ Cell: _____

If neither authorized person designated above nor I can be contacted in the event of an emergency, I authorize the adults in charge at the Camp G.L.O.W. program to contact the physician below at my expense for whatever treatment the attending physician recommends. I have notified Camp G.L.O.W. of all medical and health conditions that my daughter has had or currently has. In the event of an emergency or if the physician designated below is not available, I hereby give permission for transportation to any medical facility or hospital and I authorize any qualified person or medical personnel to render necessary emergency medical care for my family and myself.

(Please print the doctor's full name below.)

Name: _____ Phone: _____

Address: _____

Signed: _____ (Parent and Guardian)