



SHE-POWER Leadership Academy Application

Camp Dates: January 2nd-4th

Cher's Sisters Only Club is a non-profit organization recognized under section 501 (c) (3) of the Internal Revenue Code. Sisters Only Club is an organization of professional black women committed to the following core values: Promoting education, health and wellness, developing the potential of teen girls and women, and improving the quality of life in the CSRA through specialty events and programs.

PRIMARY CONTACT INFORMATION

Name of Camper: _____ Date of Birth: _____ Age (at the time of Camp): _____		
Name you prefer to be called (if different): _____		
Name of School: _____	Grade: _____	
Name of Church: _____		
T-Shirt Size (circle one): Children: _____ or Adult: _____		
Name of Parent/Guardian/Primary Contact: _____		
Father's Name: _____		
Mother's Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Home Phone: _____	Cell Phone: _____	Work Phone: _____
Email address you check frequently: _____		
Best way to contact you? _____		

EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: _____ Relationship: _____
Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

Second Contact's Name: _____ Relationship: _____
Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

SAFETY INFORMATION (please list all known conditions so we can accommodate your camper's needs if possible)

Does your camper have any medical conditions, allergies, or special needs the staff should know about?

Is your camper taking any medications to treat these conditions?

EMERGENCY AUTHORIZATION

I, the undersigned, parent or guardian of the above-named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of Cher's sisters Only Club are primarily administered by adults, who volunteer their time, rather than by paid, trained professionals. _____ Initial

In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I (for myself as well as for my child, his/her heirs and assigns) hereby release, discharge and hold harmless Cher's Sisters Only Club and it's volunteers, camp director, volunteers and other representatives or affiliates (including without limitation the facilities and volunteers) from and against any and all claims arising out of or relating to illness, physical injury, death or other damages that may result to said individual while participating in a Cher's Sisters Only Club sponsored event, including any physical injury by negligence of any volunteer while performing his/her duties during any practices or games. _____ Initial

I attest that my child is physically capable to participate in this event. However, should camp director/volunteers/ medical volunteers determine in their sole discretion that completion or participation in any events would be injurious to my child's health or should my child become ill or injured, I consent to his or her removal and treatment by any physician or medical care provider at the direction of the volunteers. _____ Initial

I give my permission for free use of my child's name and picture in broadcasts, telecasts, Facebook, Twitter, Instagram, or written accounts of any game and or events that is sponsored by Cher's Sisters Only club. _____ Initial

Signature of Parent/Guardian _____ **Date** _____

To sign up for the Leadership Academy or for questions please contact the chair:

SHE-POWER LEADERSHIP ACADEMY

Marilyn Norris: (706) 619-8801

Joyce Watkins Epps: 706 495-6283

Return Applications to: sistersonlyclub@hotmail.com

Email SUBJECT LINE: SHE-POWER LEADERSHIP ACADEMY 2019

PLEASE BRING THIS ORIGINAL FORM WITH YOU ON JANUARY 2ND.

Deadline for registration is NOVEMBER 15TH