Event Registration Form

2018 Panel Discussion and Workshop Series

Individual form to attend the Sisters Saving Sisters Teen Empowerment Summit

Instructions

Be sure to read event registration before registering. Please print with blue/black ink or type.
Incomplete registration forms will not be processed.
Pre-registration is necessary to ensure adequate materials are available.
Walk-ins will be accepted. Considerations will be made after the close of registration on a first come first serve basis.
Registration for event will close on Wednesday, April 25, 2018 or sooner if event fills before registration deadline.
One registration form must be completed per person.
This event is catered to girls ages 12-18.
Parents may attend. *A special parents' room will be available for adults during the event.
Please provide health and allergies form for each girl attending.

Participant Info

First/Middle Name _____ Last Name _____ Age _____ Gender _____

Grade _____ School _____ Date of Birth (MM/DD/YYYY) _____

Youth's Race/Ethnicity: ☐ American Indian or Alaska Native ☐ African American ☐ Asian ☐ Caucasian ☐ Mixed/Bi-racial

Other: _____ Are You Hispanic: ☐ Yes ☐ No

Parent/Guardian Name _____ Relationship to Youth _____

Address _____ Apartment _____

City _____ State _____ Zip Code _____

( ) _____ ( ) _____

Day Phone Evening/Cell Phone

Emergency Contact (other than parent/guardian) _____ ( ) Emergency Contact Phone (REQUIRED) _____

Event Details

2018 Sisters Saving Sisters Teen Summit — Event Name:

Better Family Life, Inc. CEBC – 5415 Page Blvd. St. Louis, MO. 63112 — Event Location:

Saturday, April 28, 2018 — Event Date:

10:00 AM – 3:30 PM — Event Time:

Participants: #Attending

Girl _____

Adult _____

T-shirt size: S M L XL 2XL

Please note: Parents attending the event will be separate from the girls during the workshops.

Agreement

Important Information – Release of Liability

I, the undersigned natural parent or Legal Guardian, consent my child to attend the Teen Empowerment & Prevention Summit, on **Saturday, April 28, 2018**. The conference will be held at Better Family Life's – Cultural, Educational and Business Center – 5415 Page Blvd. St. Louis, MO. 63112. I do hereby agree to have and indemnify and keep harmless and I will release and discharge Better Family Life, Inc. and its representatives, full-time staff, Board members, youth counselors, volunteers, sponsors and consultants from/against any and all liability, claims, losses, demands, damages, causes of action, judgements, or suits of any kind which either I or my child may have arising out of or in connection with my child's participation. By signing this form, you also give consent for Better Family Life, Inc. to utilize photograph/videos taken of your child to be used in advertising and promotional materials.

Signature of Parent/Guardian _____ Date _____

Submit

ONLINE or EMAIL
Visit BFLYouth.org to download registration forms
Submit registration forms via email to
Sharnell.sharp@betterfamilylife.org

MAIL or DROP OFF
Better Family Life, Inc. CEBC
5415 Page Boulevard St. Louis, MO 63112
Youth Department (Garden Level)

OVER THE PHONE
Call 314-367-3440 ext. 716
Assistance will be provided over the phone
Must be 18 years or older to register

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Office of Adolescent Health & Missouri Foundation for Health