

San Antonio Alumnae Chapter of Delta Sigma Theta Sorority, Inc. presents the

# 30<sup>th</sup> Annual GROWING UP FEMALE



#DreamBIG!

~An Official Fiesta Event~

A free, positive self-image workshop for young ladies, Grades 6 – 12

**Saturday, April 27, 2019**

**9:00 am – 1:30 pm**

**Bowden Alumni Center**

**3<sup>rd</sup> Floor of the Sutton Learning Center**

**St. Philip's College, 1801 Martin Luther King Drive, 78220**

*(Look for signs/balloons directing attendees to this location)*

*Dress is Casual. Cost is Free.*

*Breakfast and Lunch will be served (Limit one per person. For attendees only)*

*Attendees must be present for the workshop to receive complimentary gifts*

**SEATING IS LIMITED. PLEASE REGISTER BY Friday April, 5, 2019!!!**

**Submit completed registration forms(1-2) to:**

**By Mail to: San Antonio Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
ATTN: Growing Up Female  
P.O. Box 460068  
San Antonio, TX 78246**

**By Email to: [deltadeb78@gmail.com](mailto:deltadeb78@gmail.com)**

Or

**[yphshelf@aol.com](mailto:yphshelf@aol.com)**

*The purpose of the Growing up Female program is to provide an informative workshop for young San Antonio females that focuses on awareness in the areas of career choices, health issues, college prep, and self-confidence.*

**REGISTRATION FORMS ALSO AVAILABLE AT [wwwdstsaac.org](http://wwwdstsaac.org)**

***For additional information, please contact Debra Tanner @ 210-269-6218***

***or Yvonne Pleasant-Shelf @ 210-488-1438***

**In Collaboration with Myra Davis Hemmings Resource Center (MHDR501C3), and St. Philip's College "I AM Woman"**

San Antonio Alumnae Chapter of Delta Sigma Theta Sorority, Inc. presents  
30<sup>th</sup> Annual  
**GROWING UP FEMALE**



#DreamBIG

**Registration Deadline: Friday, April 5, 2019**

**REGISTRATION FORM 1**

**Participant Information:**

Student Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Student E-Mail \_\_\_\_\_

**Parent/Guardian Information:**

Name \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
Parent E-Mail \_\_\_\_\_

**Emergency Contact:** I authorize \_\_\_\_\_ to be contacted in case of an emergency, if I cannot be reached. His/her cell phone number is \_\_\_\_\_

**Participant Medical Information**

**Does your child have any allergies to the following?**

Food No \_\_\_ Yes \_\_\_ If yes, please identify: \_\_\_\_\_  
Drugs No \_\_\_ Yes \_\_\_ If yes, please identify: \_\_\_\_\_  
Insect bites No \_\_\_ Yes \_\_\_ If yes, please identify: \_\_\_\_\_

**Is your child currently taking medication?** No \_\_\_ Yes \_\_\_

If you answered "Yes," please list the medications: \_\_\_\_\_

**Is your child epileptic?** No \_\_\_ Yes \_\_\_

**Is your child diabetic?** No \_\_\_ Yes \_\_\_

**Does your child wear glasses/contact lenses?** No \_\_\_ Yes \_\_\_

**Does she have a physical condition/disability that could restrict activities?** No \_\_\_ Yes \_\_\_

If yes, please describe: \_\_\_\_\_

**Family Physician Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Health Insurance Co** \_\_\_\_\_

**Person in whose name insurance is carried** \_\_\_\_\_

## PARENTAL CONSENT FORM 2

I, \_\_\_\_\_, give consent for \_\_\_\_\_  
(Printed Name of Parent/Guardian) (Printed Name of Student)

to participate in the 2019 **Growing Up Female** program sponsored by the San Antonio Alumnae Chapter of Delta Sigma Theta Sorority, Inc. I understand that transportation to and from the program is the sole responsibility of the parent/guardian.

By signing below, I also understand that in order for the **Growing Up Female** program to maintain a safe and healthy environment for all participants, drugs, alcohol, violence, abusive language, and misconduct will not be tolerated during the program. Therefore, I understand that it will be my responsibility to pick up my child immediately if the leader-in-charge, or a designee, determines that my child needs to be sent home for disciplinary reasons.

By signing below, I also waive, release, and discharge the San Antonio Alumnae Chapter of Delta Sigma Theta Sorority, Inc. of liability for any and all claims for personal and property damages, based on any act, omission, or negligence, arising out of my child's participation in the **Growing Up Female** program.

By signing below, I also give consent for the leader-in-charge, or a designee, to make arrangements for qualified medical attention for my child in the event of an emergency, without the necessity of my prior approval. I understand that I will be notified immediately if this authority is exercised.

### PERMISSION TO PHOTOGRAPH

As part of the **Growing Up Female** program, photography serves as a means of fulfilling the objectives of the program by showcasing the participants. Some examples of the use of photographs include: in self-esteem projects, for historical records, in scrapbooks, for newspaper articles, and for the presentation of awards. Photography will only be used to enhance the development of the participants in a very positive and constructive manner. Please indicate whether you consent to taking and use of photographs of your child as part of the **Growing Up Female** program: **I give Delta Sigma Theta Sorority, Inc., San Antonio Alumnae Chapter permission to take and publish/display pictures of my child participating in Growing Up Female program. Yes \_\_\_\_\_ No \_\_\_\_\_**

### PERMISSION TO DISCUSS AND SHARE SENSITIVE INFORMATION

Sensitive issues, such as religious beliefs, human sexuality, cultural and family values, AIDS, sexually transmitted diseases, substance abuse, child abuse, suicide, and teen pregnancy, may arise during the **Growing Up Female** program. By signing below, you consent to allow your child to participate in healthy interactions regarding sensitive issues that will hopefully provide your child with the confidence needed to come to you, the parent/guardian, for your input and perspective.

I, the undersigned, having read, understood, and completed the above, and having been briefed regarding the nature of the program, hereby give my permission for my child to attend and fully participate in the **Growing Up Female** program.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**