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

presents the

31st Annual

GROWING UP FEMALE

"Mind, Body, and Soul"

~An Official Fiesta Event~

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

Saturday, April 25, 2020

9:00 am – 1:30 pm
Bowden Alumni Center
3rd 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 3, 2020!!

Submit completed registration forms 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
or
ypshelf1913@gmail.com

The purpose of the 2020 Growing up Female is to provide an informative workshop for young San Antonio females focusing on self care, self wellness, and self-awareness.

REGISTRATION FORMS ALSO AVAILABLE AT www.dstsaac.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 (MHDRC501C3) and St. Philip’s College

“I AM Woman”
San Antonio Alumnae Chapter of Delta Sigma Theta Sorority, Inc. presents
the 31st Annual
GROWING UP FEMALE
“Mind, Body, and Soul”

Registration Deadline: April 3, 2020

REGISTRATION FORM

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

I, ________________________________, give consent for ____________________________
(Printed Name of Parent/Guardian)  (Printed Name of Student)

to participate in the 2020 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