

Mailing Address:

4GIRLS Organization
P.O. Box 41452
Long Beach, CA 90853
Email: administrator@inspiration4girls.org

4GIRLS Workshop Date & Time
March 21, 2020 • 8:00am-4:00pm
March 22, 2020 • 10:00am-4:00pm



Location of Workshop:
Richard D. Browning High School
2180 Obispo Avenue, Long Beach, CA 90805

Application Due: February 21, 2020

4GIRLS Long Beach Workshop Application

4GIRLS Organization does not discriminate on the basis of race, creed, ethnic or national origin, religion, disability or sexual orientation in the administration of its admission to the 4GIRLS Workshop. **Girls who have not participated in past 4GIRLS workshops will be given priority over past attendees.**

REFERRED BY: (To be completed by school official or other person referring to workshop)

Name: _____
Position: _____
School: _____
Contact Number: (____) ____ - _____
Date: _____
Any special accommodations for child re: physical or emotional needs? (please explain)

PARTICIPANT INFORMATION **What is your T-shirt size? (Circle one below)**
(Please complete entire application.) XSmall Small Medium Large XLarge

First Name: _____ Last Name: _____
School: _____ Grade: _____ Age: _____
Primary Language: _____ Primary Language Spoken at Home: _____
Home street address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____
Email Address: _____

Parent/Guardian Information

Name(s): _____
Relationship: _____
Address (if different): _____
City: _____ State: _____ Zip: _____
Home phone: (____) ____ - _____ Cell Phone: (____) ____ - _____
Email Address: _____

Emergency Contact Information

Name(s): _____
Relationship: _____
Phone: (____) ____ - _____
Doctor's Name: _____ Phone: (____) ____ - _____

Please answer each question honestly and completely.

1. Who lives in your home with you?

2. What is your favorite MUSIC group/SONG? _____

3. What do you LOVE most about yourself (go ahead and brag)?

4. What is the biggest CHALLENGE you are facing right now? _____

5. What ACTIVITIES do you participate in outside of school?

6. For you, what is most the EXCITING thing about going to high school? _____

7. What WORRIES you the most about going to high school? _____

8. Whom do you ADMIRE most in your life right now? _____ Why do you admire this person?

9. What is one DREAM you have for yourself? _____

10. Please tell us ONE WORD to describe you. _____

11. Tell us WHY you think you should be selected to come to the 4GIRLS Workshop? (Use the back of this paper if you need more room to write.)

12. What does the word, "Bold", mean to you? And, if you attended the workshop in the past, what did you learn last year and how have you applied it in your life?

4GIRLS ORGANIZATION, INC. ACCIDENT WAIVER AND RELEASE OF LIABILITY

I release and hold 4GIRLS Organization, Inc., any related organizations, volunteers, representatives or agents, harmless, and forever release all said organizations and/or individuals from any and all liability, including, but not limited to, claims for negligence, personal injury, property damage, property theft, or actions of any kind, as a result of participation in any 4GIRLS Organization, Inc. sponsored workshop or event.

I will indemnify the 4GIRLS Organization, Inc., any related organizations, volunteers, representatives or agents, for any and all expenses that may incur because of any said claims made against them, and for any reasonable expenses said organizations and/or individuals may expend due to said claims or prospective claims.

I, the undersigned, do hereby authorize and consent to any treatment and/or hospital care, which is deemed advisable and is rendered necessary in the case of illness, injury or accident during this event.

In order to share the value of the work that 4GIRLS Organization does and let other girls know about it, we often take photographs and video record selected portions of our workshops and quarterly events. We would like your authorization to use photographs and/or recordings for this purpose and videos will only be used for educational and promotional purposes by 4GIRLS Organization, Inc.

I certify that there are no health related issues or problems that should preclude my child or ward from participation in this event.

I certify that I have read this document and I fully understand it's content. I am aware that this is a release of liability and a contract and I and I sign it of my own free will.

Participant
Signature _____ Date _____

Print Name _____

Parent(s)/Guardian(s)
Signature _____ Date _____

Print Name _____

Relationship to Participant _____