



Soroptimist International of Cape May County

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2024 GIRLZ RULE APPLICATION

- ☆ WHO: Vibrant young ladies in **grades 5, 6, & 7** who want to be part of something special! ****Dress comfortably for an action-packed day!****
Must be pre-registered. No walk-ins will be accepted.
- ☆ WHAT: This **FREE** event for young ladies is a day to enjoy fun, empowering activities and workshops that celebrate the positive values of being female!
- ☆ WHEN: **Saturday, November 16, 2024**
Arrive 12:15 – Registration * Depart 3:45
Light refreshments provided.
- ☆ WHERE: **Lower Cape May Regional High School**
687 Route 9, Cape May, NJ
- ☆ CONTACT: Mary Rose Bispels, bispelsmr1989@comcast.net 609-780-4296



Application must be submitted to your school's point of contact no later than **FRIDAY, NOVEMBER 1, 2024**.
Each applicant will be responsible for transportation to and from the event.



Keep this above portion for your records.



Complete and Submit this section (& other side) to your school contact.

NAME: _____ AGE: _____ GRADE: _____ SCHOOL: _____
PHONE #: _____

PARENT/GUARDIAN CONSENT

I hereby request & consent that my child or ward, _____, be permitted to attend and participate in the GIRLZ RULE Conference on NOVEMBER 16, 2024.

I agree that no official or employee associated with the conference will be held responsible for any injuries or damages occurring while my child is participating in the conference. I do hereby hold harmless the sponsoring agencies, their officials, divisions and agents against all liability, damage, loss, claims or demands which arise out of or are in any way connected with my child's or ward's participation in the conference.

I, _____, grant _____ do not grant _____ permission to appear in person or in voice, video or photographic presentation for radio, television, or print media reports and/or media campaign(s) resulting from participation in the conference and to complete confidential or anonymous surveys and participate in interviews for evaluation purposes.

PARENT/GUARDIAN SIGNATURE _____ Date _____

PARENT/GUARDIAN PRINTED NAME _____

⇒ See other side ⇒

Schedule of Day's Events

Saturday, November 16th, 2024

12:15 P.M.	Registration/Check-In
1:00 – 1:30 P.M.	Workshop
1:35 – 2:05 P.M.	Workshop
2:10 – 2:40 P.M.	Workshop
2:45 – 3:15 P.M.	Workshop
3:20 – 3:45 P.M.	Wrap-up & Dismissal

Each workshop will focus on various topics of interest to all - high school girl volunteers will be available throughout the day, as well as Soroptimists, to help all participants during the events. Join us for a "Girls Day Out" of fun and friendship.



Keep this above portion for your records.



Complete and Submit this section (& other side) to your school contact.

MEDICAL CONSENT

I hereby authorize appropriately trained medical personnel to administer first-aid treatment to the participant, if necessary. If the participant suffers a serious injury or illness, I understand that the Conference staff will notify me as soon as possible to obtain approval for treatment. In the event that efforts to contact me or my designees are unsuccessful or are not possible during emergency circumstances, I hereby authorize the attending physician to administer any treatment including surgery which he or she deems necessary. I understand that I will, in any event, be contacted as soon as possible.

PARENT/GUARDIAN SIGNATURE: _____ **DATE** _____

PARENT/GUARDIAN PRINTED NAME _____

Does the participant have any medical concerns and/or allergies that we need to be aware of?

YES _____ NO _____ If yes, please list: _____

EMERGENCY CONTACT _____ **Relation** _____ **Phone#** _____

*Soroptimist International of Cape May County, NJ P.O. Box 65 Cape May, NJ 08204
Improving the lives of women and girls, in local communities and throughout the world.*