



HIDDEN TREASURES REGISTRATION PACKET

Bringing life to the areas that you may feel are not so lovable. Let's die to old and heal into the new YOU.

About Me:

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zipcode: _____

Email: _____

WHO CAN YOU TRUST?

First Name: _____

Last Name: _____

Phone: _____

Relationship: _____

First Name: _____

Last Name: _____

Phone: _____

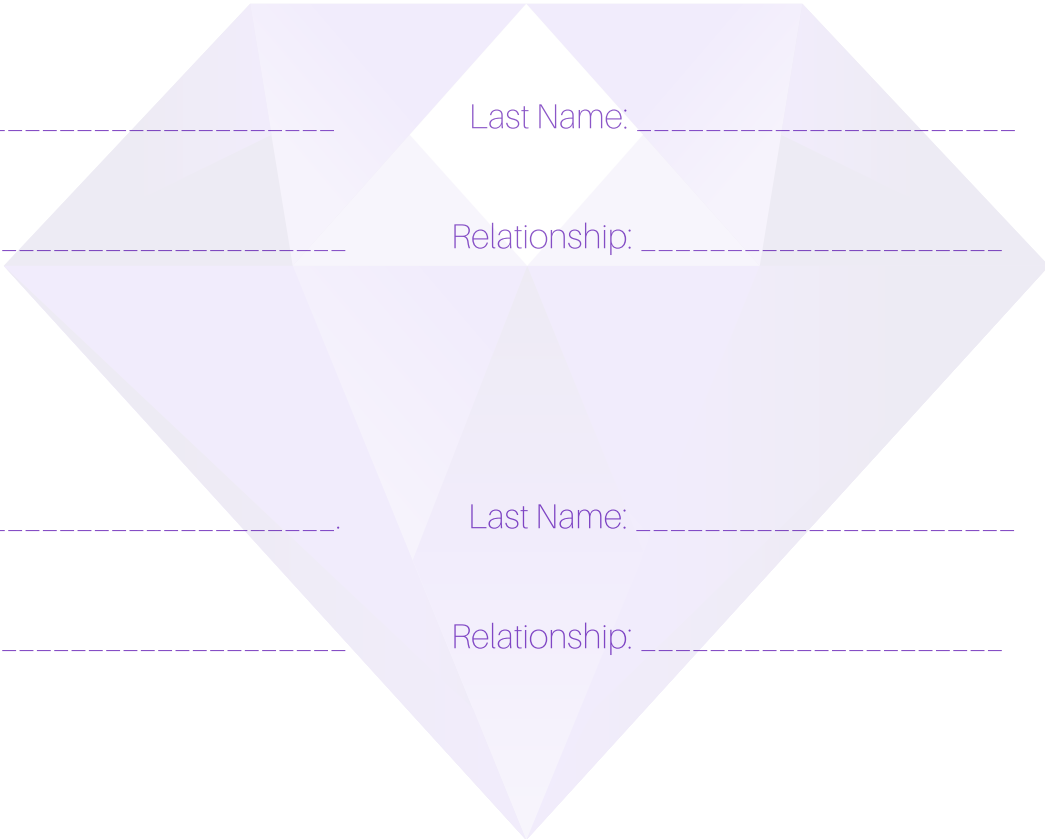
Relationship: _____

First Name: _____

Last Name: _____

Phone: _____

Relationship: _____



HIDDEN TREASURE PROGRAM

ETIQUETTE

QUEENS ETIQUETTE

Modest Appearance :

You are a Queen and you are more valuable than your eyes can see, while In Hidden Treasures, you are required to present yourself as such. That includes your attire (the clothes you wear).

Attire that's not acceptable consists of Booty Shorts, Short skirts, Tank tops that reveal cleavage, Lace / see-through tops.

Respect yourself and others:

Life and Death Are In the power of your tongue! With that being said, you will speak life AT ALL TIMES. There will be no cursing and bad attitudes allowed. If you are triggered and need space, respectfully ask for a small break.

One Baton:

There will be one Queen speaking at a time unless we are doing an exercise. If you feel the need to speak, raise your hand and the baton will be passed to you.

Be Respectful:

Remember, it's not what you say but how you say It! You can respectfully agree to disagree. There will be no name-calling of any sort. (ie. stupid, dumb, nig*%, bit*%, monkey, etc)

Swallow your Pride:

If you are in need of support in any area, in any type of way, don't hesitate to reach out. This Is a safe space, free of judgment, and being made fun of, YOU MATTER...

Give your all:

The tools provided can positively change your life If you allow It by participating. Open your mind to receive what will be given, and you will go a long way If put Into action In your everyday life.

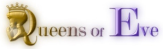
ACCEPT AND I AGREE TO THE CONSENT & QUEENS ETIQUETTE

I accept and agree to the Queen's Etiquette. I understand that respect is a two-way street. In order for respect to be given, I first have to give it. While In Hidden Treasures I commit to conducting myself as the Queen I am being fully covered with an open mind, operating on positive vibes only. If I am triggered by anything in the program, I will respectfully ask for some personal space.

I am a Queen and I will conduct myself as such!

Queen's Signature

Date



HIDDEN TREASURES PERMISSION SLIP

FIELD TRIP SLIP & EMERGENCY FORM

Please complete this form that will accompany your child on the field trip. This information is necessary should we need to contact you while we are away from the school. No student will be allowed to participate without this form being completed and signed by their parent or guardian.

The information on this form is considered confidential and will accompany the field trip leader on the trip.

Permission is granted for:

First and Last Name:

to attend the Hidden Treasures Summer Program field trip to the [DESTINATION] by [MODE OF TRANSPORTATION] on [MONTH] [DATE], [YEAR]. The time of departure is [DEPARTURE TIME] and the time of return is [RETURN TIME].

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:

Address:

Phone #:

Emergency Phone #:

Please provide the information requested below, as it may be needed in case of an emergency. This information does not modify the information on the emergency card.

Student's Date of Birth

ALLERGIES::

Conditions requiring special consideration (medical/physical):

Does your student require: (A) Epipen (B) Inhaler (C) ANY MEDICATION CURRENTLY TAKEN:

(Type of medication and time of administration):

TO ANY DOCTOR OR HOSPITAL:

I hereby authorize the release of my child's pertinent medical information to the Queens of Eve and Hidden Treasures staff. I give permission to the physician or hospital to secure treatment for her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency.

The signature below constitutes authorization to perform any necessary treatment for my child during this field trip.

HEALTH INSURANCE INFORMATION:

Company Name:

Policy #:

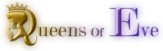
Group #:

Parent/Guardian Name:

Date:

(PLEASE PRINT)

Parent/Guardian Signature:



HIDDEN TREASURES MEDIA CONSENT FORM

Photography & Videography Consent Form

I hereby grant permission to Queens of Eve and its representatives to photograph and video record my interactions, otherwise capture my image, and make recordings of my voice. I further grant Queens of Eve and its representatives the right to reproduce, use, exhibit, display, broadcast, and distribute these images and recordings in any media now known or later developed for promoting, publicizing, or explaining Queens. of Eve and its activities and for administrative, educational or research purposes. Photographs, video images, and voice recordings are the property of Queens of Eve.

First and Last Name (Print)

Signature (if 18 years or older)

Date

First and Last Name of Parent/Guardian (if the scholar is under age 18)

Date

Signature of Parent/Guardian

Date

I hereby grant permission to Queens of Eve to use my name with these images and recordings.

Signature (a signature is of Parent/Guardian if the scholar is under 18)

Date