



## Young SHERO Leadership Academy

**Application Camp Dates: April 12<sup>th</sup> / April 13<sup>th</sup>**

**Cher's Sisters Only Club is a non-profit organization recognized under section 501 (c) (3) of the Internal Revenue Code. Sisters Only Club is an organization of professional black women committed to the following core values: Promoting education, health, and wellness, developing the potential of teen girls and women, and improving the quality of life in the CSRA through specialty events and programs.**

### PRIMARY CONTACT INFORMATION

Name of Camper: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age (at the time of Camp): \_\_\_\_\_

Name you prefer to be called (if different): \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Church: \_\_\_\_\_

T-Shirt Size (circle one): **Children: S-M-L** or **Adult: S-M-L**

Name of Parent/Guardian/Primary Contact: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address you check frequently: \_\_\_\_\_

Best way to contact you? \_\_\_\_\_

**EMERGENCY CONTACTS** (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Second Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

**SAFETY INFORMATION** (please list all known conditions so we can accommodate your camper's needs if possible)

Does your camper have any medical conditions, allergies, or special needs the staff should know about?

Is your camper taking any medications to treat these conditions?

**EMERGENCY AUTHORIZATION**

I, the undersigned, parent, or guardian of the above-named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of Cher's sisters Only Club are primarily administered by adults, who volunteer their time, rather than by paid, trained professionals. \_\_\_\_\_ Initial

In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I (for myself as well as for my child, his/her heirs and assigns) hereby release, discharge and hold harmless Cher's Sisters Only Club and it's volunteers, camp director, volunteers and other representatives or affiliates (including without limitation the facilities and volunteers) from and against any and all claims arising out of or relating to illness, physical injury, death or other damages that may result to said individual while participating in a Cher's Sisters Only Club sponsored event, including any physical injury by negligence of any volunteer while performing his/her duties during any practices or games. \_\_\_\_\_ Initial

I attest that my child is physically capable of participating in this event. However, should camp director/volunteers/ medical volunteers determine in their sole discretion that completion or participation in any events would be injurious to my child's health or should my child become ill or injured, I consent to his or her removal and treatment by any physician or medical care provider at the direction of the volunteers. \_\_\_\_\_ Initial

*I give my permission for free use of my child's name and picture in broadcasts, telecasts, Facebook, Twitter, Instagram, or written accounts of any game and or events that is sponsored by Cher's Sisters Only club. \_\_\_\_\_ Initial*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

To sign up for the Leadership Academy or for questions please contact the below members:

**Young SHERO LEADERSHIP ACADEMY**

Marilyn Norris: (706) 619-8801

Joyce Watkins Epps: 706 495-6283

**Return Applications to:** [sistersonlyclub@hotmail.com](mailto:sistersonlyclub@hotmail.com)

Email SUBJECT LINE: Young SHERO Leadership Academy

PLEASE BRING THIS ORIGINAL FORM WITH YOU ON April 12th.