



2020 Quaran-Teens Virtual Workshop Registration Form

“Empowering Girl’s During COVID-19”

Youth’s Name: _____ Age: _____ Birth date: _____
School: _____
Parent’s Name(s): _____
Youth’s Email (if applicable): _____
Parent’s Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Emergency Contact Name: _____
Emergency Contact Number: _____
How did you find out about our workshop? _____

The Workshop will be held via Zoom. A link will be sent via email after signing up for the workshop. Please be sure to check your spam and or junk mail prior to the day of the Workshop, to ensure you have access to the site.

Women Evolving, Inc. does not provide medical insurance for any participant in any workshop offered. I, the undersigned Parent or Guardian of this youth/ minor, do hereby authorize the directors of Women Evolving, Inc. as agents for the undersigned to consent to medical emergency treatment. I hereby release Women Evolving, Inc. and its Board of Directors from any and all claims from personal injuries. I also consent that student’s photo or video may be taken and used for any purpose deemed necessary to promote Women Evolving, Inc. workshops without compensation. Women Evolving, Inc. is not responsible for transportation of students to or from workshops.

Parent/Guardian Signature: _____ Date: _____

Cost of workshop \$0.00 Donation (**optional**): _____ Total Payment: _____

Questions? Contact Shalanda Smith at womenevolvinginc@gmail.com or (321) 222-0552

Please mail completed form and or donation to:

Women Evolving, Inc. P.O. Box 236804 Cocoa, Fl. 32923