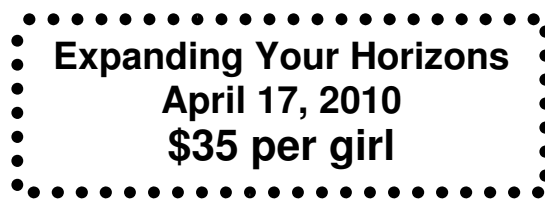


## 2010 Expanding Your Horizons Registration Form

Please complete this form to register your daughter for **Expanding Your Horizons (EYH), April 17, 2010**. This form and **payment in full** must be submitted for each participant to be registered for EYH. Please print all information carefully. Incomplete forms will not be processed. **Registration form and payment in full must be received by April 7, 2010**. Mail forms to Girlstart at 1400 W. Anderson Lane, Austin, Texas 78757. **Faxed forms will not be accepted**. Online registration available at [www.eyhaustin.org](http://www.eyhaustin.org). For questions, call 512-916-4775. Registration confirmations from Girlstart will be mailed one week prior to the event. EYH fees include a **\$10 non-refundable** administration fee.

\*\*\*\*\*Please follow STEPS 1-4 to complete your registration\*\*\*\*\*

### STEP ONE: REGISTRATION INFORMATION



**Explorers (6<sup>th</sup> – 8<sup>th</sup> Graders)**  
Girls discover how science, math, engineering, and technology change their world every day.

**Junior Explorers (4<sup>th</sup> – 5<sup>th</sup> Graders)**  
Girls explore cool careers that use science and math.

**Student First Name:** \_\_\_\_\_ **Student Last Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth (MM/DD/YYYY):** \_\_\_\_\_

**School:** \_\_\_\_\_ **Current grade in 2009-10:** 4 5 6 7 8

**Please circle student's t-shirt size: (ADULT SIZES):** XS S M L XL

**For reporting purposes, please indicate your daughter's ethnicity:**

African American     Asian-American     Caucasian  
 Latina/Hispanic     Native American     Other, please state \_\_\_\_\_

**Annual Household Income:**

\$0 - \$19,999	\$20 - \$39,999	\$40 - \$44,999
\$45 - \$50,999	\$51 - \$59,999	\$60 - \$89,999
\$90 - \$119,999	\$120 - \$149,999	\$150 +
Decline to Respond		

**Number of members in household** \_\_\_\_\_ **Circle one:** Single income household    Two income household

**Is your daughter receiving free or reduced lunch at school?** Yes    No

**Primary Language Spoken in your home:** English    Spanish    Other \_\_\_\_\_

**Parent First Name:** \_\_\_\_\_ **Parent Last Name:** \_\_\_\_\_

**Parent Email Address:** \_\_\_\_\_

**Highest Level of Education:**

Up to 8 <sup>th</sup> grade	Some High School	High School Graduate
Some College	College Graduate	Masters or PhD Degree

**Parent Age:** 25 and under    26-30    31 and over

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**How did you hear about Expanding You Horizons?** \_\_\_\_\_

**All known food and/or drug allergies:** \_\_\_\_\_

**Any medical conditions of which we should be aware:** \_\_\_\_\_  
*Please include any medical papers necessary in case of emergency*

**Any medications she will be taking while in our care:** \_\_\_\_\_  
*Non-prescription medication and prescription medication must be signed in during registration.*

**STEP TWO: ATTEND EYH with a FRIEND (optional)**

Your daughter may attend EYH with friends. All parties must be registered by March 6th to participate with a friend. Please list the friends' name(s). First and last name required.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STEP THREE: PAYMENT Enclosed payment \$ \_\_\_\_\_**

Please make check or money order payable to **Girlstart**. Reminder: This **form** and **payment in full** must be submitted **BEFORE** a participant can be enrolled in Expanding Your Horizons. A \$35 service charge will be applied to all returned checks.

**STEP FOUR: PERMISSION FORM**

My daughter/ward, \_\_\_\_\_, has my permission to participate in the Expanding Your Horizons (EYH) conference in Austin, Texas.

I understand that as a part of Girlstart, my daughter/ward may be videotaped, audiotaped, interviewed, and/or photographed and agree to allow Girlstart to keep, as their property, the products of such videotaping, audio taping, interviewing, and/or photographing and I agree that such material, along with my child's name be used, and posted on the Girlstart Website, for promoting the Girlstart program and in any publicity generated by Girlstart. I also understand that my daughter/ward may be asked to participate in projects that may also be used by Girlstart for publication in a variety of forums including the Girlstart newsletter, website, and other publications, and that no compensation will be paid for such use.

I understand that by participating in Girlstart, my daughter/ward becomes part of a study concerning girls and their attitudes toward math and science. I hereby grant permission for my daughter to participate in this study. I further understand that Girlstart will only release the information in accordance with Girlstart policies and procedures.

I understand that participating in Girlstart allows my daughter/ward no special rights or expectations regarding the Girlstart, including the right to sue any party involved in the implementation and execution of the Girlstart. I agree to hold harmless Girlstart, their agents and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from participation in these activities. I further agree not to sue Girlstart, their agents and employees for any actions or causes of action, including the negligence of Girlstart or my family against Girlstart arising out of participation in this program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**During the hours that Girlstart (EYH) is in session, I, \_\_\_\_\_, can be reached at \_\_\_\_\_ (phone). If I cannot be reached in the event of an emergency, the following adult is authorized to act in my behalf:**

**Name:** \_\_\_\_\_ **Relationship to girl:** \_\_\_\_\_

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

If neither the authorized persons designated above nor I can be contacted in the event of an emergency, I authorize the adults in charge at the Girlstart program to contact the physician below at my expense for whatever treatment the attending physician recommends. I have notified Girlstart of all medical and health conditions that my daughter has had or currently has. In the event of an emergency or if the physician designated below is not available, I hereby give permission for transportation to any medical facility or hospital and I authorize any qualified person or medical personnel to render necessary emergency medical care for my family and myself.

(Please print the doctor's full name below.)

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Signed:** \_\_\_\_\_ (Parent or Guardian)

**Please print your full name here:** \_\_\_\_\_