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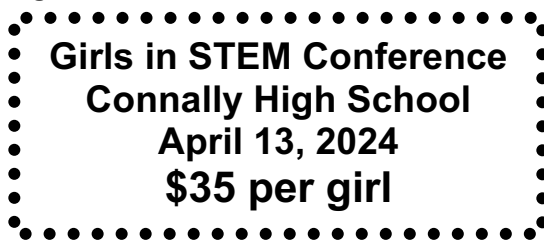


## 2024 Girls in STEM Conference Registration Form

Please complete this form to register your daughter for Girlstart's annual **Girls in STEM Conference, April 13, 2024 at Connally High School**. This **form** and **payment in full** must be submitted for each participant to be registered for Girls in STEM. Please print all information carefully. Incomplete forms will not be processed. **Registration form and payment in full must be received by April 1<sup>st</sup>, 2024**. Mail forms to Girlstart at 1400 W. Anderson Lane, Austin, Texas 78757. **Faxed forms will not be accepted**. Online registration available at [www.girlstart.org](http://www.girlstart.org). For questions, email [camps@girlstart.org](mailto:camps@girlstart.org) or call 512-916-4775. Girls in STEM 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, technology, engineering, and math 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:** \_\_\_\_\_

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_ **Current grade in 2023-2024:** 4 5 6 7 8

**School:** \_\_\_\_\_ **School District:** \_\_\_\_\_

**Please circle student's t-shirt size:**

Youth Medium   Youth Large   Adult Small   Adult Medium   Adult Large   Adult XL

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

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

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

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

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

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

**How did you hear about Girls in STEM?** \_\_\_\_\_

**Has your daughter participated in a Girlstart After School program before?** Yes No

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

African/African American    Asian/Asian-American    Caucasian    Multi-ethnic  
 Latina/Hispanic    Native American    Other, please indicate \_\_\_\_\_

**Is your daughter receiving (or eligible for) free or reduced lunch at school?** Yes No

**If/when your daughter attends college, would she be the first in your family to attend college?** Yes No

**Highest Level of Parent Education:**   Up to 8<sup>th</sup> grade   Some High School   High School Graduate  
Some College   College Graduate   Masters or PhD Degree

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

**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.*

so that we can promptly resolve the situation. Our Section 504 and Title IX Coordinator is Jodi Hayes, email Section504Coordinator@girlstart.org / TitleIXCoordinator@girlstart.org.

If neither the authorized persons designated below 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)

During the hours that Girlstart (Girls in STEM) 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 on my behalf:

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

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

**STEP TWO: ATTEND Girls in STEM with a FRIEND (optional)**

Your daughter may attend Girls in STEM with friends. All parties must be registered by April 1<sup>st</sup> 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 Girls in STEM. 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 Girls in STEM conference at Connally High School 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 Girlstart's property, the products of such videotaping, audio taping, interviewing, and/or photographing. I agree that such material, along with my child's name, may 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 do or 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 program/study concerning girls and their attitudes toward math and science. I hereby grant permission for my daughter/ward to participate in this program/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 Girlstart, including the right to sue any party involved in the implementation and execution of the Girlstart programs. 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 arising out of participation in this program.

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

\_\_\_\_\_  
Date