



NAASCWDC 10th Loving Me Girls Conference
Registration Form



April 4, 2020
9:00am – 3:30pm (Registration begins at 8:30am)

National Alumnae Association of Spelman College,
Washington, D.C. Metro Chapter
www.naascwdc.org/loving-me-conference

Location: **Capital City Public Charter School**
100 Peabody Street NW
Washington, D.C. 20011

lovingmeregistration@naascwdc.org

The National Alumnae Association of Spelman College, Washington, D.C. Metro Chapter will host the 10th Loving Me Girls Conference on **April 4, 2020** at **Capital City Public Charter School**.

This exciting, one-day program features interactive workshops, team building activities, and empowerment panels focused on leadership, college preparation, entrepreneurship, positive identity development and sisterhood.

During the conference, attendees will be provided an intimate and engaging environment for intergenerational dialogue about the challenges facing girls in society. The event will inspire young ladies in grades 8th through 12th to dream big, plan wisely, think confidently, and love themselves unconditionally.

The theme for this year’s conference is “InTENTional: InTENTionally Tenacious, InTENTionally Effervescent, InTENTionally Noble.” Breakfast and lunch will be served at this free conference.

Attendee Information

Name:	
Age:	
Grade:	
School:	
Parent/Guardian:	
Parent/Guardian Phone:	
Parent/Guardian Email:	

How did you hear about the conference?

How will you be attending the conference?
___ Public Transit ___ Car/Ride Share ___ Other

Special Needs/Dietary Restrictions/Visual or Auditory Accommodations:

Will a Parent/Legal Guardian/Chaperone be attending the conference? ___ Yes ___ No

Name: _____
Special Needs/Dietary Restrictions: _____

Waiver/Consent

I give my consent and permission for the attendee listed on this form to attend the National Alumnae Association of Spelman College – Washington DC Metro Chapter’s Loving Me Girls’ Conference (hereinafter the “Conference”).

I hereby release and agree to indemnify and hold harmless the NAASC & the Washington DC Metro Chapter and any of their agents and representatives from and against any and all present and future claims that may be made by me, all members of my family, estate, executor, heirs on account of loss or damage to property, personal injury, or wrongful death that may occur as a result of or in connection with my minor child’s participation in the Conference.

I UNDERSTAND AND AGREE THAT THE RELEASEES ARE NO RESPONSIBLE FOR ANY INJURY OR PROPERTY DAMAGE ARISING OUT OF MY MINOR CHILD’S PARTICIPATION IN THE CONFERENCE.

I understand that this document is intended to be as broad and inclusive as permitted by law and agree that if any portion of this agreement is deemed invalid, the remainder will continue in full force and effect.

I understand and agree that pictures/videos will be taken for fundraising and publicity purposes.

Parent/Legal Guardian

Name

Signature

Date

Unfortunately, the attendee listed on this form will not be able to stay for the entire program. She has my permission to leave at: _____.

Signature