

Uniting girls to be changemakers in the world.

Broadway Empowerment Workshop Registration Form

Personal Information

Participant Name	
Birth Date	Age
GradeSchool	
Empowerment Show and Date:	
Family Information	
Parent(s)/Legal Guardian(s)	
Address	
City	State Zip
Home Phone	Cell Phone
Work Phone	Email
Emergency Contact Phone Number	
Alternative Contact Person in case of en	nergency
Alternative Contact Person phone numb	per
Participant Allergies, including food, or	Medical Problems/Conditions
Special Instructions for Handling Allergi	es or Medical Problems/Conditions
am the parent/legal guardian of the par I hereby authorize One World Girl ("OW Empowerment Day of my child for publ printed material, local newspapers, vide	ne above information is accurate and correct and that I rticipant listed above (Initials) /G") to publish the photographs taken at the Broadway ic relations purpose, including but not limited to o or websites. I release OWG from any expectation of
since participation in any of the aforeme is voluntary, neither my child nor I will re	ographed images of my child and acknowledge that entioned publications and websites produced by OWG eceive financial compensation. I further agree that osite produced by OWG confers no rights of (Initials)

Finally, I understand that this Broadway Empowerment Day involves travel to/from and within NYC, theater arts activities, food, a show and/or various interactive group learning activities. I release OWG and all staff, workshop guests, teaching assistants and adult chaperones from responsibility for injury, illness or theft during the Broadway Empowerment Day.

Parent Signature	Date	
Parent Name		

Please return this completed form, with full payment, made payable to One World Girl:

One World Girl, Inc. 201 East 25th Street, #3D New York, NY 10010 Attn: Lesley Mazzotta