

# YWRC Outdoor Back to School Bash

YOUNG WOMEN'S  
RESOURCE CENTER

Please fill out the attached registration form online, send a scanned copy to [empowerment@ywrc.org](mailto:empowerment@ywrc.org), fax to our office at 515-243-5073, or deliver to our office at 818 5th Avenue, DSM, IA, 50309

Participant's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_  
School \_\_\_\_\_ Grade going into \_\_\_\_\_  
Caregiver/Guardian's Name \_\_\_\_\_  
Caregiver/Guardian's Email \_\_\_\_\_  
Caregiver/Guardian's Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Race: ☐ Black/African American ☐ Asian ☐ Native Hawaiian/Other Pacific Islander  
☐ White/Caucasian ☐ American Indian/Native Alaskan ☐ Other/Multiple Races  
Is the participant Latina? ☐ Yes ☐ No

**Transportation:** Transportation for this event will be limited, the participant must be within a 7-mile radius of the YWRC to receive transportation. Transportation is not guaranteed with the submission of this form. The group facilitator will contact you a week prior to the event to confirm transportation availability.

Does the participant need a ride from to the YWRC for Back to School Bash? Yes \_\_\_\_\_ No \_\_\_\_\_  
Does the participant need a ride home from Back to School Bash? Yes \_\_\_\_\_ No \_\_\_\_\_  
Drop off address: \_\_\_\_\_ OR Same as above \_\_\_\_\_

YWRC Outdoor Back to School Bash will take place in the YWRC Parking Lot and will be offered to all YWRC participants ages 10-24. This includes Empowerment participants, Counseling clients and Young Mom participants and their kiddos.

If additional attendees (non YWRC participant) plan to attend with the participant please indicate below how many additional people will join. Number of additional people attending with participant: \_\_\_\_\_

*\*If additional people joining an Empowerment Participant, identify or have been socialized as female and fall between ages 10-18, please fill out a registration form for them as well\**

If you are signing someone up that needs transportation please fill out the Medical Emergency Form as well.

I understand that the YWRC is not responsible for any stolen or lost personal belongings.

I give permission to the YWRC to use any photographs or video tapes taken of my child while participating in the program to use for promotional activities of the program or school. Yes \_\_\_\_\_ No \_\_\_\_\_

YWRC conducts periodic surveys with our clients to measure progress and to make program quality improvements.

Caregiver/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Medical/Emergency Information

I assume all responsibility for any accidents or injuries that may occur, and release the facilitators and Young Women's Resource Center employees of all liability. In case of accident, injury or sudden illness and I cannot be reached, I request that necessary medical care be instituted. Our physician/dentist may be contacted in case of medical treatment or as necessary and is authorized to release requested information as needed. The caregiver/guardian is responsible for all medical expenses.

Participant's Name \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Emergency Contact (name & number) \_\_\_\_\_ Relationship with child: \_\_\_\_\_

Emergency Contact (name & number) \_\_\_\_\_ Relationship with child: \_\_\_\_\_

Does the participant have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, what? \_\_\_\_\_

Medication (name and dosage) \_\_\_\_\_

*Please note that YWRC Staff is unable to administer medication. This information is for emergency personnel only.*

Health Concerns \_\_\_\_\_

Health Insurance \_\_\_\_\_ Insurance Number \_\_\_\_\_

**I have answered these questions to the best of my knowledge. If I have any questions or concerns, I will speak with the group facilitator.**

Caregiver/Guardian Print Name \_\_\_\_\_ Date \_\_\_\_\_

Caregiver/Guardian Signature \_\_\_\_\_

**Please fill out this registration form and return to the group leader, fax to our office at 515-243-5073, send a scanned copy to [empowerment@ywrc.org](mailto:empowerment@ywrc.org), or deliver to our office at 818 5th Ave, DSM, IA, 50309.**

If you have any questions or need assistance please contact the YWRC at 515.244.4901. Visit our website at [www.ywrc.org](http://www.ywrc.org) to learn more about our programs & staff.

Learn more through our monthly e-newsletter or social media on  
[Facebook.com/YoungWomenDSM](https://www.facebook.com/YoungWomenDSM), [Instagram.com/ywrcgirls](https://www.instagram.com/ywrcgirls), or [twitter/YWRC](https://twitter.com/YWRC).