

*the*  
*Steve & Marjorie*  
HARVEY FOUNDATION  
*“fostering excellence in children”*

**Girls Who Rule the World™**

## REGISTRATION PACKET

Congratulations! You have been selected to attend “Girls Who Rule the World” annual camp! Our 2018 theme is “Developing Leaders and Entrepreneurs.”

The Girls Who Rule the World camp will take place at The Atlanta Evergreen Marriott Conference Resort on October 19-21, 2018 with more than 100 girls from around the Nation. The attendees will enjoy a unique experience; presenting multiple viewpoints on important issues; encouraging critical thinking and leadership.

Enclosed, please find pre-camp enrollment forms and program details. Please ensure that you thoroughly review, complete and return all forms by **Sunday, September 30<sup>th</sup>, 2018** via email to [gwrw@harveyfoundation.com](mailto:gwrw@harveyfoundation.com):

- Registration Data
- Parent/Guardian Data
- Emergency Contact Data
- Medical Release & Authorization
- Photo /Media Release
- Lost or Damaged Personal Property
- Consent and Acknowledgement

*Upon returning documents, please include camp participant’s name in the subject line of the email. Also, please bring a copy of the registration packet to the camp’s opening ceremony.*

### **Please bring the following attire/items to camp:**

- Prescribe Medications (*if applicable*)
- Wash Cloth and Towel (1each)
- Workout Pants (2 pairs)
- Workout T-Shirts (2)
- Jeans (2 pairs)
- Light Jacket
- Workout Sneakers
- Pajamas
- Toiletries
- Bug Spray
- Soap, Body Wash and Lotion
- Your Favorite Outfit
- Your representation out-fit  
**“Your Future You”**

**Note: Participants will be provided with Two (2) shirts to be worn during the weekend.**

## REGISTRATION INFORMATION

CAMP ENROLLEE FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### **PARENT/GUARDIAN #1**

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### **PARENT/GUARDIAN #2:**

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### **EMERGENCY CONTACT**

FULL NAME: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RELATION: \_\_\_\_\_

## MEDICAL RELEASE AND AUTHORIZATION

As Parent/Guardian of the named child, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

**Parent/Guardian Initial:** \_\_\_\_\_

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named child. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury. I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me. **Parent/Guardian Initial:** \_\_\_\_\_

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence. **Parent/Guardian Initial:** \_\_\_\_\_

I understand that the Steve & Marjorie Harvey Foundation, Inc. will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

**Parent/Guardian Initial:** \_\_\_\_\_

## MEDICAL INFORMATION

Please provide list of (any) medical conditions, including any requiring maintenance medication:

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Is your child currently being treated for an injury or sickness? Yes:\_\_\_\_\_ / No\_\_\_

If Yes, please explain:

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Is your child allergic to any type of food or medication? \_\_\_\_\_

Does your child require a special diet? \_\_\_\_\_

List Camp Activity Restrictions (if any): \_\_\_\_\_

Primary Physician Name & Number: \_\_\_\_\_

**PHOTO/MEDIA RELEASE**

I hereby give permission for my child to be photographed during the Steve & Marjorie Harvey Foundation. I understand the photo(s) may be used to keep a journal of activities, to share during PowerPoint presentations and/or reports to our sponsors, promotional purposes including flyers, brochures, and on social/digital platforms. I understand that although my child’s photograph may be used for advertising, I do not expect compensation and all photos are the property of Steve & Marjorie Harvey Foundation, Inc. In addition, I give the Steve and Marjorie Harvey Foundation permission to use my child’s name, voice and/or appearance as such to be embodied in photos, video recordings, and interviews for media publications. I agree that the Steve and Marjorie Harvey own all mentioned assets and may use for the purpose consistent with the foundation’s mission.

**Parent/Guardian’s Initials:** \_\_\_\_\_

**LOST OR DAMAGED PROPERTY**

The Steve & Marjorie Harvey Foundation, staff, mentors, coaches, sponsors, affiliates, participants, or its co-organizers are not responsible for lost or damaged personal property.

**Parent/Guardian Initials:** \_\_\_\_\_

**WAIVER AND RELEASE**

I hereby give approval for my child’s participation in any and all activities associated with the "Girls Who Rule The World" annual camp and the Steve & Marjorie Harvey Foundation, Inc. ("SMHF"). For myself, my child and all of my family, successors and assigns, hereby, forever release, discharge and hold harmless the SMHF, its current and former parents, subsidiaries, affiliated and related companies, partnerships and entities, their successors and assigns, and any current or former owners, shareholders, officers, directors, agents, representatives, and employees of SMHF, World Group, Inc., Steve Harvey Global, its current and former parents, subsidiaries, affiliated and related companies, partnerships and entities, their successors and assigns, and any current or former owners, shareholders, officers, directors, agents, representatives, and employees of SMHF, World Group, Inc., Steve Harvey Global, Broderick "Steve" Harvey, Marjorie Harvey, their guardians, successors, assigns, heirs, executors and administrators (the "Harvey Released Parties") from any and all liability, present and future claims, and demands of whatever kind of nature, either in law or in equity with respect to bodily injury, personal injury, illness, death, or property damage that may result from any activities or events that occur while my child is attending the Girls Who Rule The World annual camp. Further, I understand that the SMHF does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of the SMHF.

**Parent/Guardian Initial:** \_\_\_\_\_

**SIGNATURE ACKNOWLEDGEMENT**

BY ACKNOWLEDGING AND SIGNING BELOW, I AM DELIVERING AN ELECTRONIC SIGNATURE OR WRITTEN SIGNATURE. THE ELECTRONIC SIGNATURE WILL HAVE THE SAME EFFECT AS AN ORIGINAL MANUAL PAPER SIGNATURE. THE ELECTRONIC SIGNATURE OR WRITTEN SIGNATURE WILL BE EQUALLY BINDING.

The undersigned confirms that she/he is the parent or legal guardian of named minor child (\_\_\_\_\_), hereby consents to the minor’s child camp participation; consents and agrees to all provisions of this affidavit, and agrees that all provisions of this affidavit shall be effective as to such minor child.

Parent or Guardian Signature: \_\_\_\_\_

SWORN to and SUBSCRIBED to ME THIS \_\_\_\_\_ Day of \_\_\_\_\_ 2018.

NOTARY SIGNATURE And SEAL \_\_\_\_\_

## ADULTS AUTHORIZED TO TAKE TO AND FROM EVENTS

**Complete this section for youth (under age 18) participants only:**

You must designate at least one adult who's authorized to transport youth to and from camp:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Adults **NOT** Authorized to Take Youth To and From Events:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

In closing, Girls Who Rule The World Ambassadors, staff, speakers, and volunteers are in place to ensure an unimaginable event – celebrating our 10<sup>th</sup> year anniversary! All that's missing are The Steve & Marjorie Harvey Foundation - *Girls Who Rule The World!* We look forward to seeing you soon! Feel free to contact Hannah Cassimere via email at [hannah@steveharvey.com](mailto:hannah@steveharvey.com) if you have questions.

Sincerely,

The Steve and Marjorie Harvey Foundation, Inc.