

# Girls Day Converse College

Girls Day is an annual event offering opportunities for young girls ages 5-12 a day to call their OWN.



**Friday, March 16, 2012**

9:15 am – 3:00 pm

**Registration Due: March 14, 2012**



### Special Guest:

Magician Steve Holt  
[www.SteveHoltMagicShow.com](http://www.SteveHoltMagicShow.com)

This is a **FREE** event and lunch will be provided for the participants.

Girls must dress appropriately for light physical activity.

Led by Converse faculty, staff, students and student athletes, participants will experience a day full of activities to include: sports, art, theatre, interactive science lab and music.

Donations will be accepted at registration for the "Make A Wish Foundation"



# CONVERSE

# Girls Day Registration

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

Email \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other Emergency Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Any Special Accommodations Needed:  Yes  No If yes, what type: \_\_\_\_\_

Are you affiliated with a specific organization/school (YMCA, B&G club, etc.)? \_\_\_\_\_

T-shirt size: **Youth:**  S  M  L  XL **Adult:**  S  M  L

## Girls Day Release

My signature constitutes agreement and authorizes treatment, in case of emergency, and I further submit that my child is physically fit to participate in strenuous athletic activity, and waive Converse College Department of Intercollegiate Athletics, its staff, affiliated entities, their officers, agents and employees from and against any injury, recurrence of any undisclosed pre-existing injury or illness prior to the first day of camp, and all liabilities or causes of action arising out of or in connection with my child's participation.

Does your family have medical coverage that includes the applicant?  Yes  No

Are your child's immunizations up to date?  Yes  No

Please list or attach list of all allergies to foods or medications and medications currently taking.

\_\_\_\_\_

Policyholder's Name: \_\_\_\_\_ Telephone # of Policyholder: \_\_\_\_\_

Policyholder's Address: \_\_\_\_\_

Name of Medical Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Name and Telephone # of Emergency Contact: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Photography Release

Converse may take pictures and/or video during Girls Day for use in general public relations efforts that may include the college's print publications, advertisements, the Converse web site and on Converse pages of other social media sites such as Facebook. If you do not give Converse permission to use photos of the registrant for these purposes, please initial the opt out line below.

\_\_\_\_\_ Converse may **NOT** use photos of the registrant for the purposes outlined above.

Fax or Email registration to: Regina Schantz at 864.577.2054 or girlsday@converse.edu  
Mail to: Converse College Athletics  
580 East Main Street  
Spartanburg, SC 29302-1931