



# 2019 WEB Conference

## April 5-7th

### Mingus Springs Camp

*The WEB Registration form has changed from previous years.*

*Please read this registration form carefully.*

#### **Non-Discriminatory Policy:**

Women's Empowerment Breakthrough does not discriminate on the basis of race, religion, national and/or ethnic origin, marital status, sexual orientation, body type, physical ability, gender expression, or other individual identities in the administration of any of its programs, admissions policies, scholarships, and other conference-related policies and programs, as well as volunteer policies and activities. All activities will promote and maintain the personal and emotional safety of all participants and volunteers.

#### **Cabin Policy**

If you are signing up with friends and would like to stay in the same cabin, please get your registration form in ASAP with list a of girls you would like to room with indicated on the form, in the section titled, "Cabin Assignments" below.

#### **Scholarship Policy**

We have scholarships available for any girl who needs one. With the economic situation in the U.S. we have had more and more girls request scholarships. **The actual cost of the WEB Conference** is much more than what we charge our participants. We are able to do this through the generous donations of our community and through many rigorous fundraising efforts. **If you are able to give more than the requested tuition for your girl to attend WEB this year, we will use the additional money that you send to help provide a scholarship for a teenage girl less fortunate that would like to attend the conference.** All contributions above the WEB tuition are greatly appreciated and tax-deductible.

Please note that Registration is FIRST COME FIRST SERVE. We will put you on a waiting list and refund your payment if registration is full when you apply.

#### **WEB CONFERENCE TUTION:**

**WEB Conference Weekend Rate:** \$110

**Saturday Day Pass:** \$20 (for teen mothers only)

\*There will be a special workshop on young motherhood. Childcare will be provided all day.

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# Registration Form

Participant Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Nick Name \_\_\_\_\_ School, Age, & Grade \_\_\_\_\_

Participant Phone Number \_\_\_\_\_

Participant Email \_\_\_\_\_

Parents/Legal Guardian Name(s) \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent/Legal Guardian Email \_\_\_\_\_

\_\_\_\_ We have enclosed the full tuition rate (\$110) as mentioned above in the form of cash/check (circle one)

\_\_\_\_ We have made an additional contribution to WEB of \$\_\_\_\_\_ and would like a tax-deductible receipt.

\_\_\_\_ We are requesting a partial scholarship\*

**\*We encourage each participant to give what they can afford, even if it is a very small contribution. Giving even a small contribution increases participant's ownership and investment in the conference. Please indicate the amount you are able to contribute and have enclosed: \$\_\_\_\_\_**

## Cabin Assignments

Upon request you may room with your peers, please list their names below. We cannot guarantee this, **it is a first come first serve basis regarding cabin space.** If you would like to room with your friends be sure to get your registration in early, we will do our very best to accommodate.


And finally, list your favorite "girl power" song! *Please list name of song and artist:*

\_\_\_\_\_

# WEB Conference Medical and Photo Release Form

## Participant Information

1. Full Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Participants Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

2. In case of emergency, who should we contact?

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

3. Do you have health/accident insurance? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, name and address of company \_\_\_\_\_

Policy # \_\_\_\_\_

4. Do you have any limiting physical conditions (temporary or permanent)?

Condition	Activity it could affect?	Limitations for that activity?

6. Do you have any chronic conditions or illnesses? (Asthma, epilepsy, diabetes, etc.) \_\_\_\_\_

5. Are you currently taking any medication (prescribed or otherwise, e.g. cold medicine)?

\_\_\_\_\_ No \_\_\_\_\_ Yes

Please complete the table below for all meds you are currently taking:

(Please attach additional sheet for medications and instructions, if needed)

Medication	How often do you take it?	How much is the dosage?	Reason for taking it?

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**6. Do you have any allergies or reactions to medications or other?**

No  Yes If yes, please identify and explain \_\_\_\_\_

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**7. Are you allergic to bee stings?**  No  Yes

If yes, do you bring an epipen or your own medication?  No  Yes

**8. Please list any injuries you have experienced within the past three years.** Please list and identify when the injury occurred, the extent and severity of the injury and if you've fully recovered:

Injury	Date of Injury	Nature/Severity	Fully Recovered?

**9. Do you have any diagnosable mental health conditions** (i.e. anxiety disorders, depression, eating disorders, self-harm, etc.) that may impact your time at WEB\*?  No  Yes

If yes, what mental health conditions: \_\_\_\_\_

Age of onset: \_\_\_\_\_

If yes, please explain in detail (attach separate sheet, if needed). Please explain any routine, healthy coping strategy, etc. that the staff could help facilitate in order to make your weekend at WEB a success:

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\*Disclosing this information can be sensitive and therefore is *optional*. Depending on the situation a WEB staff member may contact you directly in order to insure we provide proper support and facilitate the best possible care. WEB Staff may also use this information to connect you to appropriate WEB workshops, adult facilitators, and adult cabin counselors.

Do you have a Smartphone? \_\_\_\_No \_\_\_\_Yes

Age you first received a Smartphone:\_\_\_\_\_

**10. Are you a Vegan or Vegetarian?** \_\_\_\_No \_\_\_\_Yes, Vegan \_\_\_\_Yes, Vegetarian

\*WEB Staff does its best to accommodate dietary restriction however *we will NOT be able to accommodate vegan diets*. We will contact you and work with you on a one-on-one basis to coordinate food. If you have any

questions please email Laura: [laura@thelaunchpadteencenter.org](mailto:laura@thelaunchpadteencenter.org)

**\*\*IF YOU DO NOT MARK THAT YOU ARE A VEGETARIAN YOU WILL NOT BE PROVIDED WITH A VEGETARIAN MEAL OPTION. \*\***

Vegetarian options will be simple substitution meals, on an as-needed basis.

**11. Do you have any food allergies or special dietary restrictions?** \_\_\_\_No \_\_\_\_Yes

If yes, please explain diet/allergies in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*WEB Staff does our very best to accommodate allergies and special diets, however we are not able to accommodate all. We will contact you to work with you directly as needed.

**12. Participant T-Shirt: Please Circle Size:**

**Youth:** X-Small Small Medium Large

**Adult:** Small Medium Large X-Large 2XL

**WEB's Cancellation and Refund Policy:**

**Any time prior to week before the conference:** Participants will receive a full refund minus a \$30 processing fee or a full donation credit.

**Week prior up to 48 hours:** Parents receive a 50% refund or a 75% donation credit.

**Within 48 hours of the start of the conference:** No refunds.

**No refunds after the program begins.** In the case of medical or family emergencies, we will review on a case by case bases.

The information documented on this form is complete and accurate to the best of my knowledge. Furthermore, I agree to bring any and all medical issues, injuries, illnesses or concerns to the attention of staff before participating in any activity, trip or experience.

Name:\_\_\_\_\_ Signature:\_\_\_\_\_

Date:\_\_\_\_\_

If the participant is a minor, a parent or legal guardian must fill out this form.

Parent/Guardian Name:\_\_\_\_\_ Signature:\_\_\_\_\_

**PERMISSION TO ADMINISTER FIRST AID AND EMERGENCY MEDICAL TREATMENT:**

As with any activity, I am aware that certain risks of injury may exist. Should an injury occur, I grant permission for program staff to administer basic first aid and/or seek necessary emergency treatment by licensed or certified medical personnel at the nearest medical facility for the above listed participant.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

(If participant is under 18)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE FORM**

Over the course of your WEB experience, photographs documenting your trip will be taken. I hereby permit WEB the right to photograph my likeness and use those images in future presentations and publications including but not limited to admissions, marketing and web materials for WEB. Photos may be used in print media.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

(If participant is under 18)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make checks payable to **“The Launch Pad Teen Center”**

**Mail the following 3 items:**

\_\_\_\_\_ Registration Form

\_\_\_\_\_ Medical/Photo Release Form

\_\_\_\_\_ Check or Cash

**to the following address:**

**WEB 302 Grove Ave. Prescott, AZ 86301**

**(DETACH AND KEEP THIS PAGE, you will need it to pack!!)**

## What to Bring To WEB

- ✓ Outdoor Clothing – Jeans, shorts and shirts (long-sleeved and short-sleeved).
- ✓ Be prepared to dress in layers depending upon the weather
- ✓ Outdoor boots or tennis shoes (lots of walking)
- ✓ Jacket/sweatshirt
- ✓ Rain gear
- ✓ Sleepwear (warm)
- ✓ Towel, washcloth and toiletries with some type of container to keep them in so you can easily tote them to the shower house. We also suggest shower sandals, flip flops work very well.
- ✓ Bedroll or sleeping bag and a pillow
- ✓ Camera
- ✓ Mosquito repellent - only occasionally needed
- ✓ Water bottle with your name on it
- ✓ Snack items in mouse proof containers
- ✓ Alarm clock (optional)
- ✓ Flashlight and/or headlamp with batteries
- ✓ Any instruments you know how to play 😊
- ✓ A Yoga mat if you have one, if not we have extras 😊



## What Not to Bring to WEB

- There are no drugs, alcohol, or cigarettes allowed at WEB. *If you bring any of these things you will be sent home early.*
- We encourage girls to just be themselves at WEB. There are showers at camp. Many girls choose not to shower for the weekend or wear makeup or style their hair. This is everyone's personal choice and if you feel like leaving those things at home, you are encouraged to do so 😊
- Please do not bring a cell phone- There is little to no service at the camp. We have an emergency satellite phone in the case that there is an emergency and we need to use it. We encourage girls not to bring their cell phones, if we find that a participant is texting or trying to make phone calls and it is distracting them from participating in the conference, we will take the phone away for the weekend. This is your time to connect with yourself, nature, and your friends at the conference. Believe it or not, it can be a really nice treat to take a break from the “cellular world”.

*Note: The camp has its own generator that is turned off when the group has completed its evening activities. The generator is turned on again before breakfast.*

**UPDATED TRANSPORTATION DETAILS WILL BE PROVIDED  
VIA EMAIL PRIOR TO THE CONFERENCE**

**Please check the email address provided frequently leading up to the conference for any changes or updated information.**

**Please “Like” us on Facebook for updates and more information:  
<https://www.facebook.com/womensempowermentbreakthroughprescott/> and <https://www.facebook.com/launchpadteens/>**