SMART Girls Event Saturday, April 27



- Breakfast
- Swag Bag
- SMART Girls T-shirt
- Lunch
- Workshops
- Yoga
- Guest Speakers

REGISTER ONLINE





You will walk away with life skills in these essential topics: Wellness, Confidence, Leadership

9:00 AM - 4:00 PM OPEN TO THE PUBLIC, INVITE YOUR FRIENDS! GRADES 5TH - 12TH









Registration opens at 8:30 am

Location: Anderson Club 1980 E Avenida de las Flores Thousand Oaks, CA 91362

Phone: (805) 493-2917

Los Cerritos Middle School Campus

EMERGENCY AUTHORIZATION FROM



CHILD LAST NAME	MIDDLE	OF GREATER CONEJO VALLEY CHILD FIRST NAME
	DATE OF BIRTH//	
MEMBER HOME ADDRESS:		
MEDICAL INFORMATION		
Name of Doctor	Doctor's Phone #	
Health Insurance Company	Group/Policy	#
Does your child have any allergies? 1	NO 🗖 YES, (Specify)	
Does your child need to take medicatio	n while attending the Club/trip? ☐ NO ☐YES;	
MEDICATION(S)List:		s your child current with all immunizations? NO YES
Has your child had any operations, serio	ous injuries, diseases, or problems that may limit their p	hysical activity? NO YES
Is there anything you would like us to k	now about your child?	
PARENT/GUARDIAN INFORMATION		
		Phone #
		Phone #
Address:	-	
EMERGENCY CONTACT: (Not including	parent/guardian listed above)	
Name	Authorized to pick up	Phone #
Name	Authorized to pick up NO YES Relationship	Phone #
 myself that the facilities provided are recovered by Video surveillance is in use in and a large to defend, indemnify and hemployees and agents against any of participation in any program. I give permission for the release and in order to provide programs and coannot be disclosed without my wrecommend that the Boys & Girls of I understand that the Boys & Girls of I understand the BGC/GCV covid goes. I understand the BGC/GCV Parent become familiar with its contents, Membership Application Waiver section. In the event of an emergency, I authorized Tyes INO I give permission for my child to be transfered by the Club until Member Behavior Waiver 	asonably safe for their intended use. Once having conduction of the Club Facility, on Club property, and on Club Facility, on Club property, and on Club Fold harmless the BGC/GCV, Conejo Valley Unified School and all loss, liability charges, expense (including attorned exchange of confidential information from the Conejo Coordinate services for my child. I understand that my restricten consent unless otherwise provided for in the regulated in the regulated in the regulated in the services of the conejo Valley is not responsible for any suidelines are subject to change and the BGC/GCV aligns Handbook is available on our website at www.bgccone and abide by the program requirements and parent respect to the Club to seek medical attention and transportation sported to and from program areas, on field trips, and in I picked up: JYes INO	I District, Las Virgenes Unified School District and their officers, y fees) and costs of whatsoever character which may arise by reaso valley Unified School District or Las Virgenes Unified School District cords are protected under federal confidentially regulation and lations. staff outside of club duties. with the CDC Government Agency and the CA State requirements. io.org and that it is my responsibility to read this Parent Handbook, consibilities outlined in it.
waives all rights for compensation.		f my child taken during activities for promotional purposes and te Illness Pickup Waiver Yes No
Print Name of Parent/Guardian	Date) :
Signature of Parent/Guardian_	Bes	Contact Number: