



2010 Every Girl Can™ “Smart Image” Conference
Making a Difference Boosting Your Image, Health & Wellness
Registration Form

Saturday, May 8th, 9:00 am to 2:30 pm
 Bowie State University, 14000 Jericho Park Rd, Bowie, MD 20715
 Please complete one application for each child

FREE for girls—5th to 9th grades, \$15.00 for adults

Mail conference registration checks (payable to KYMS Image International) to
Yasmin Anderson-Smith, P.O. Box 10239, Silver Spring, MD 20914
 Fax: 301-680-2491, Email: yasmin@kymssimage.com. Info: 301-792-2276

Student Name: _____

Grade: _____ **Age:** _____ **School:** _____

Home Address: _____

Parent*/Guardian*/Agency information: *Must sign permission agreement below

Agency Name: _____

Parent or Agency Contact Name: _____

Address _____

Phone: _____ **Office** _____ **Home** _____

Cell: _____ **Email:** _____

GIRLS:

Select 3 workshops - (May also choose # 7)

PARENTS/GUARDIANS/CAREGIVERS

Select from 7—9 (choose one or all three)

- 1.— Girl Get Your Fit On:**
The best fit for a positive body image and breast health
- 2.— A leader and a Lady:**
Life skills and leadership
- 3.— Fit, Fresh and Fabulous You:**
Fitness and food demonstration
- 4.— My Body my Treasure:**
Personal health, self respect, self love
- 5.— Please Pass the Peas:**
Etiquette and civility
- 6.— The ABCs and PPPs of Building a Great Image & Style:**
Appearance/behavior/communication/posture,/poise, presence

- 7.— Mother Daughter Walk & Talk**
fun walk around the campus: 7:45 – 8:30
- 8.— Mommy Doesn’t Understand!**
How to talk to your tween/teen daughter
- 9.— Handling Sexting and Cyber bullying**
Helping your child avoid and handle the hurt and the harm

Parent/Guardian Caregiver Permission:

I give permission for my child to attend the Every Girl Can “Smart Image” Conference on May 8, 2010 at Bowie State Univ. from 9:00 am 2:30:00 pm. I release the sponsors of the Every Girl Can-Smart Image conference from any and all liability. I am also aware that media or KYMS personnel may be present to interview or photograph participants and approve the release of such material. In case of emergency, I give my permission for my child to receive medical treatment that may be necessary for her. I understand that medical procedures will be billed to my insurance company or me. _____ Parent/
 Guardian Signature _____ Date _____

workshops

May also attend girls'