

Momentum 2010

Young Women's Day Summit

Sunday, March 7, 2010

Columbus School for Girls

56 S. Columbia Ave.

Columbus, Ohio 43209

www.ohiowomen2010.org

YOUNG WOMEN'S DAY SUMMIT REGISTRATION AND INFORMATION PACKET

Contents:

- Introduction and Overview of Momentum 2010
- Registration Form
- Momentum 2010 Permission Form
- Minor Photo and Video Release Form
- Emergency Contact Information and Medical Authorization Form

Please return completed registration forms along with \$5.00 by cash or check* to the Columbus School for Girls by **February 15, 2010**.

*Please make checks payable to: **Columbus School for Girls – Momentum 2010**

Please send complete registration and payment to:

**ATTN: Terrie Hale Scheckelhoff
Columbus School for Girls
56 S. Columbia Ave.
Columbus, Ohio 43209**

Direct Questions To:

Governor's Office for Women's Initiatives and Outreach

Women.policy@governor.ohio.gov

614-466-3555

Momentum 2010

YOUNG WOMEN'S SUMMIT INTRODUCTION & OVERVIEW

Introduction:

The Governor's Office for Women's Initiatives and Outreach (GOWIO) and First Lady Frances Strickland are coordinating a statewide women's summit that will take place in Columbus on International Women's Day, March 8, 2010. A separate young women's **Momentum 2010** will take place Sunday, March 7.

Momentum 2010 will encompass key issues for the advancement of the status of women and girls such as education, economics and health. It will be a day to network, energize, create a policy agenda and celebrate International Women's Day. We will focus on diverse populations within Ohio, while recognizing our link to national and global women's advocacy efforts.

Momentum 2010 is timely not only because of the issues it will address, but also because:

- 2010 marks the 90th year since women in the United States gained the right to vote.
- **Momentum 2010** will be taking place during the same time as the UN global conference on women.
- International Women's Day was formally created in 1910 (although first officially celebrated in 1911), so we are celebrating the 100th anniversary of this important day.
- March is National Women's History Month.

Mission: To strengthen our families and communities by promoting the advancement of women through education, economics and health.

Vision: An Ohio where women and men work together to achieve gender equity.

When & Where:	March 7, 2010	March 8, 2010
	Young Women's Summit Columbus School for Girls 56 South Columbus Ave Columbus, OH 43209	Ohio Women's Summit Vern Riffe Center 77 South High Street Columbus, OH 43215

Target Audience: Young women ages 12-18

Goals:

- Bring together young women and women of diverse backgrounds.
- Celebrate the potential of girls and honor the accomplishments of women.
- Increase awareness of resources available to young women in Ohio.
- Inform young women about how to lead healthy, safe and financial stable lives.
- Encourage young women to choose careers in science, technology, engineering, math and medicine.
- Advocate enhanced collaboration among young women and across women's organizations.
- Foster networking opportunities among young women.
- Partner with men to accomplish our mission.
- Foster an environment that allows for young women to strive for and succeed in leadership roles.

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YOUNG WOMEN'S DAY SUMMIT REGISTRATION FORM

Sunday, March 7th, 2010, 9:30am-3:00pm
 Columbus School for Girls
 56 S. Columbia Ave.
 Columbus, Ohio 43209

Registration Information			
<i>(Please Print)</i>			
<i>*This information is required</i>			
Name: _____			
Address:			
Street _____			
City, State, ZIP _____			
County _____ Describe the community where you live: <input type="checkbox"/> Rural			
<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Other, specify: _____			
Phone Number: () _____			
Email: _____			
Parent/Guardian Email: _____			
Parent/Guardian Home Phone: () _____		Parent/Guardian Cell Phone: () _____	
Participant's Date of Birth: _____			
<i>(The Young Women's day is for participants ages 12-18)</i>			
Participant's Age at time of March 7 th 2010: _____		Participant's Grade Level: _____	
Education: <input type="checkbox"/> I attend _____ school.			
<input type="checkbox"/> I am currently home schooled.			
<input type="checkbox"/> I am not currently attending school.			
Voluntary Information			
<i>(Select as many as apply)</i>			
Racial or Ethnic Group			
<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Other	
Household Income			
<input type="checkbox"/> Under \$25,000	<input type="checkbox"/> \$25,000 to \$50,000	<input type="checkbox"/> \$50,000 to \$75,000	
<input type="checkbox"/> \$75,000 to \$100,000	<input type="checkbox"/> \$100,000 or more		

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YOUNG WOMEN'S DAY SUMMIT REGISTRATION FORM

Where did you hear about Momentum 2010 and what goals do you hope to accomplish by attending?

Please rank your topic preference from 1-3, with 1 indicating your top choice*:

- Economics** (i.e., Financial Independence, www.GirlsGoingPlaces.com)
- Education**
- Health**

*We will make every effort, but cannot guarantee, to accommodate your top preference.

Participant Pledge:

I, _____, promise to add my voice to workshops and discussions, to listen and learn from my fellow participants, and to continue to build on this summit by sharing what I experience with others, and to complete evaluations of the programming to improve future summits.

Participant Signature: _____ Date: _____

*SPACE IS LIMITED ON MARCH 7, SO SUBMISSION OF REGISTRATION FORM
DOES NOT GUARANTEE ATTENDANCE

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YOUNG WOMEN'S DAY SUMMIT REGISTRATION FORM

Registration:

Fee is \$5.00

PLEASE SUBMIT COMPLETED REGISTRATION FORMS AND PAYMENT OF CASH OR CHECK* TO THE COLUMBUS SCHOOL FOR GIRLS BY **FEBRUARY 15, 2010**.

*Please make checks payable to: Columbus School for Girls – Momentum 2010

Send complete registration forms and payment to:

**ATTN: Terrie Hale Scheckelhoff
Columbus School for Girls
56 S. Columbia Ave.
Columbus, Ohio 43209**

Attention Chaperones:

Thank you for making it possible for your child to attend Momentum 2010: Young Women's Summit in Columbus, Ohio. Please plan to drop off and pick up your child on the Drexel Avenue side of Columbus School for Girls (56 South Columbia Avenue, Columbus, Ohio 43209 - Broad Street and Drexel Avenue parking lot by the FLAGPOLE, NOT IN THE CIRCLE BY BROAD STREET). There will be a carpool line and volunteers ready to greet your child and to direct them to registration.

At the end of the day, volunteers will be ready at the same car pool line, helping your child find her/his ride. Buses can wait for their riders on Drexel Avenue (by the flag pole). Please make sure that each child has the chaperone's cell phone number in the event that we need to reach the chaperone sometime during the day.

Location: Columbus School for Girls (56 S. Columbia Ave., Columbus, OH 43209) Sunday, March 7, 2010:

Drop off: 9:30am to 10:00am Registration and Speed Meet session - Drexel Ave. Parking Lot (by the flag pole)

Pick up: 3:00pm - Drexel Ave. Parking Lot (by the flag pole)

Directions to the Columbus School for Girls are included in this packet.

Thank you! This will be an experience of a lifetime!

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Directions to Columbus School for Girls

From the North:

I-71 S toward Columbus.
Exit using Broad Street exit
Turn left heading east on Broad Street approximately 7 miles
Turn right on to Drexel Ave.
School will be on the right.

From the South:

I-71 N toward Columbus.
Merge east onto I-70 east.
Exit using Alum Creek Drive/Main Street exit (following signs for Capital University).
Turn right heading east on Main Street.
Turn left on to Drexel Ave.
School will be on the left.

From the East:

I-70 West toward Columbus.
Exit using the Livingston Avenue exit.
Turn left.
Turn right at next traffic light onto Alum Creek Drive (following signs for Capital University).
Turn right heading east on Main Street.
Turn left on to Drexel Ave.
School will be on the left.

From the West:

I-70 East toward Columbus.
Exit using Alum Creek Drive/Main Street exit (following signs for Capital University).
Turn right heading east on Main Street.
Turn left on to Drexel Ave.
School will be on the left.



Momentum 2010: Young Women's Summit

PERMISSION FORM

Please complete this form and return to the Columbus School for Girls by Monday, February 15, 2010.

I, _____, am the parent/legal guardian/custodian of _____.

By signing below, I give my permission for my child to participate in the Momentum 2010 Young Women's Summit at the Columbus School for Girls, 56 South Columbia Avenue, Columbus, Ohio, 43209, on Sunday, March 7, 2010.

I understand that I am responsible for my child's round-trip transportation arrangements to and from Momentum 2010.

I understand that in order to participate in Momentum 2010, my child must be chaperoned by an adult who will be responsible for her/his drop off and pick up, and is aware of any special health needs or dietary restrictions. My child's chaperone is _____ and contact number (the day of the Summit in the event that we need to contact her/him) is () _____. I have read and completed the Emergency Contact Information and Emergency Medical Authorization Forms provided with this permission slip.

(Please initial here.) _____

I have read and completed the Minor Photo and Video Release Forms provided with this permission slip.
_____ (Please initial here.)

If your child requires any special accommodation to participate in the program, please explain here. _____

_____.

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Date _____



Momentum 2010: Young Women's Summit

EMERGENCY CONTACT INFORMATION and EMERGENCY MEDICAL AUTHORIZATION

Please complete this form and return to the Columbus School for Girls by Monday, February 15, 2010.

Child's Name: _____
Address: _____
_____ Zip Code _____

Mother/Guardian's Name: _____
Day Phone Number: (____) _____ Evening Phone Number: (____) _____
Cell Phone Number: (____) _____

Father/Guardian's Name: _____
Day Phone Number: (____) _____ Evening Phone Number: (____) _____
Cell Phone Number: (____) _____

Emergency Contact's Name: _____
Day Phone Number: (____) _____ Evening Phone Number: (____) _____
Cell Phone Number: (____) _____

Name of person/chaperone who will drop off and pick up your child on March 7, 2010: _____
Cell Phone Number: (____) _____

PLEASE COMPLETE SECTION 1 (CONSENT FOR EMERGENCY MEDICAL TREATMENT) OR SECTION 2 (REFUSAL OF CONSENT FOR EMERGENCY MEDICAL TREATMENT).

SECTION 1

AUTHORIZATION TO PERMIT EMERGENCY MEDICAL TREATMENT. By signing below, I give permission to Momentum 2010 representatives and/or the Governor's Office for Women's Initiatives and Outreach (GOWIO), their employees, members, or volunteers to provide routine first aid and to supervise self-medication and to seek emergency medical assistance on behalf of my child in the event my child is injured or becomes ill and I am unavailable to indicate my wishes regarding treatment. I understand that Momentum 2010 and GOWIO and their employees, members, or volunteers shall not be held responsible for the cost of treatment, and in fact are authorized to bind me as the financially responsible party for the medical treatment of my child. I grant permission to physicians and other licensed health care providers and their designees to administer medical care through evaluation of injury or illness, first aid care, and referral to duly licensed medical personnel when indicated.

Signature of Parent or Guardian

Date Granted

Printed Name of Parent or Guardian

Medical Insurance Coverage Provider(s) for Minor

SECTION 2

REFUSAL TO CONSENT TO EMERGENCY MEDICAL TREATMENT. By signing below, I indicate that Momentum 2010 and the Governor's Office for Women's Initiatives and Outreach (GOWIO), its employees, members and volunteers are **NOT** authorized to allow the administration of health care to my child in the event of injury or sickness. However, I will not hold Momentum 2010 or GOWIO, its employees, members or volunteers liable in any way for seeking emergency care (such as calling 911) for my child.

Signature of Parent or Guardian

Date Refused

Printed Name of Parent or Guardian

Thank you for your participation!



Momentum 2010: Young Women's Summit

MINOR PHOTO AND VIDEO RELEASE FORM

Please complete this form and return to the Columbus School for Girls by Monday, February 15, 2010.

I, _____, am the legal guardian/custodian of _____, a participant who is attending the Momentum 2010 Young Women's Summit at the Columbus School for Girls in Columbus, Ohio. I consent to the making, taking, reproducing, or other creation of any and all photographs, tape recordings, video recordings, or other audio or image reproductions of my child. I agree to allow images created through photography, videography, or other electronic means in which my child appears to be reproduced, edited, and distributed for limited use, in whole or in part by the Governor's Office for Women's Initiatives and Outreach (GOWIO), the Columbus School for Girls (CSG), Columbus Financial Group, National Association of Women Business Owners® (NAWBO) Columbus, and the Guardian Life Insurance Company of America, New York, NY (Guardian). The limited use I consent to is only for the advertisement and promotion related to *Momentum 2010*, as well as future Momentum events sponsored by GOWIO, both prior to and following *Momentum 2010*.

I agree to allow GOWIO, CSG, Columbus Financial Group, NAWBO Columbus, and Guardian to use any of the following relevant information regarding my child's participation in advertising and promotion only for *Momentum 2010*. Additionally, I agree to allow the following relevant information only for future Momentum events for educational and promotional purposes sponsored by GOWIO. The relevant information includes only the following: my child's name, photograph, city and state of residence, her/his age and school of attendance. Any of this information may be used in local, regional, state, or national publications of GOWIO. The information may be placed on the official Web site of GOWIO and YouTube.com as well as released to appropriate newspapers, television, and/or news publications.

I, and on behalf of my child, grant to GOWIO an unrestricted, non-exclusive license to use information and images of my child to support the promotion of *Momentum 2010* as well as future Momentum events sponsored by GOWIO. I agree that neither I nor my child is entitled to any compensation, royalties, or other economic benefit for any uses of my child's likeness made under this license. I agree that all photographs, tape recordings, video recordings, and audio or image reproductions are and shall remain the property of GOWIO, and only GOWIO. I give my permission for their use for the limited purpose of promoting *Momentum 2010* as well as future Momentum events sponsored by GOWIO. This use may include, but is not limited to web

postings, presentations, displays, television media, organizations' newsletters, publications and the sale of such items but only in relation to the promotion of *Momentum 2010* as well as future Momentum events sponsored by GOWIO. GOWIO is the exclusive owner of all rights, titles, and interest in and to any materials in which my child's likeness is used.

I, and on behalf of my child, as well as our heirs, assigns, executors, administrators, and personal representatives agree to discharge and release GOWIO and *Momentum 2010* members, its directors, officers, employees, and agents from any and all liability for any use, misappropriation, or disclosure of any information contemplated by this Release agreement.

I understand that any images and likenesses of my child created under this release will be maintained by GOWIO the Columbus School for Girls (CSG), Columbus Financial Group, National Association of Women Business Owners® (NAWBO) Columbus, and the Guardian Life Insurance Company of America, New York, NY (Guardian) for the period allowed pursuant to Ohio's public records statutes and applicable records retention schedules, after which time they will be destroyed.

In signing this Release, I acknowledge and represent that I have read this Release, that I understand the significance of this Release, and that I am signing this Release voluntarily as my own free act. I further acknowledge that no oral representations, statements, or inducements apart from this written Release have been made to me or my child. _____ [Legal Guardian **MUST** initial here.]

I hereby give my permission and authorization to the Governor's Office for Women's Initiatives and Outreach the Columbus School for Girls (CSG), Columbus Financial Group, National Association of Women Business Owners® (NAWBO) Columbus, and the Guardian Life Insurance Company of America, New York, NY (Guardian) to use my child's name, photograph, videographic image, and any other relevant public information for use in conjunction with the promotion of *Momentum 2010* as well as future Momentum events sponsored by GOWIO.

Child's Signature _____

Child's Printed Name _____

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Date _____

Thank you for your participation!