

**SLIPPERY ROCK UNIVERSITY'S ANNUAL  
YOUNG WOMEN AT THE ROCK DAY**

*Sponsored by the President's Commission for the Status of Women*  
**THURSDAY, APRIL 16<sup>TH</sup>, 8:00 am – 4:00 pm**

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**Registration Form – Please Complete ALL Sections**  
**\*\*SEPARATE REGISTRATION FORM FOR EACH GIRL\*\***

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Telephone number of parent/guardian who should be notified in case of an emergency**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (Work) \_\_\_\_\_ (Cell/Home) \_\_\_\_\_

*Please list below any allergies and or medical conditions that the participant may have. Please also list any medications that the participant may be taking at this time. (Please use back of this page for additional space)*

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

In consideration for the ability to participate in the activities at the University, I expressly and explicitly do release, discharge and waiver the University, the State System of Higher Education, the Commonwealth of Pennsylvania, its employees, officials or agents of any and all of the foregoing, from any liability whatsoever arising out of, pertaining or related to, in any manner, including, but not limited to, any damage to my property or the property of others and injury to me or to others, including loss of limb or life, resulting from my negligence or the negligence of others, or to others through this participation which includes riding in a van for transportation.

I execute this document on my dependent youth's behalf (listed below) with full knowledge of the contents and the consequences stated in this release and waive.

Also:  
I allow the President's Commission for Women to use any photographs taken during the Young Women at the Rock activities for publicity purposes (to advertise or record the event). This includes posting photos on the internet or in SRU publications. Use of the photos will be respectful to all individuals involved with Young Women at the Rock Day.

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

**\*\*Please RSVP for Lunch in Boozel Dining Hall: Number of adults attending lunch: \_\_\_\_\_**  
**(Lunch tickets are available for parents or guardians and will be distributed at lunch.)**

**Please return form to:**  
**Sis Warcup**  
**Physical Education Department**  
**109 Morrow Field House**  
**Slippery Rock, PA 16057**

**REGISTRATION DEADLINE: MONDAY, APRIL 7<sup>TH</sup>**