

**“Making Peace from the Pieces”**  
**Two Day Program August 9th and 10th**  
**10:00 a.m. to 4:00 pm**  
**Registration and Information**



Dear Participants,

Thank you for your interest in our program. Please review the following information and complete the registration form.

This is a two-day interactive global youth leadership program focused on understanding the impact of change and how, as leaders, we can regain our sense of direction and power even in the mist of confusion and uncertainty.

**Objective:** Students from both Iraq and local high schools will discover ways to promote mutual understanding of the dynamic of change; from big scale life altering change to changing our thoughts to reflect better outcomes for everyone involved. Student will also be involved with an on-sight service-learning opportunity. They will also have the opportunity to visit a mosque. Pulling from the best leadership and stewardship practices each participant will be challenged to think bigger than their world by focusing on becoming a more global minded citizen that contributes in positive ways to not only their community but the world.

**Who Can Attend:** Teens ages 14-19

**Cost:** \$79.00 \*Scholarships available. PAYPAL [payment@emergingwomennc.com/](mailto:payment@emergingwomennc.com) or send check

**Included:** All supplies, snacks, drinks and lunch are included in this 2-day program

**Location:** 824 N Bloodworth St, Raleigh, NC 27604.

**Preparation:** Students need to know this is an indoor and outdoor program and that there will be some physical activities, so they need to wear comfortable shoes. \* Participants will be touring a local mosque to learn more about different global beliefs and practices. Fun and highly enjoyable, students should prepare to have a great day of self-discovery.

\*Outdoor activities will be moved inside and altered in inclement weather.

**Students/Parents must complete the fillable registration below and send it back with payment.**

**About Emerging Women NC** - Emerging Women NC is a movement that advocates for women leaders who are a force for good in communities and organizations. Practicing the art of influence, we inspire present and future leaders of all genders, cultures, nationalities and age to lead with compassion and integrity. Launching programs and events that support positive leadership traits, we seek to impact local, national and global communities. [www.emergingwomennc.com](http://www.emergingwomennc.com)

**About BJD Leadership Training & Team Development** – A global training company focused on shifting leaders and team to think in a broader spectrum that allows for creative energy and productive play to happen spontaneously so that the best ideas are excavated. [www.coachbjd.com](http://www.coachbjd.com)

**Facilitator BJ Davis** – As an organizational trainer, BJ Davis has spent the last 15 years coaching and consulting leaders and teams through the creative mining and play processes so that work cultures can change for the better. She has ignited change for the better all over the world with her programs and workshops! A dynamic speaker, facilitator and consultant her energy and enthusiasm to connect and empower others is unstoppable. She is the founder of Emerging Women NC that spotlights women leaders across North Carolina who lift others as they climb. <https://www.linkedin.com/in/brendajeandavis/>

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All participants must complete this medical form and have it signed by a parent or guardian.

**All information will be kept confidential and secured.**

**PLEASE PRINT**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Nickname?)

Address: \_\_\_\_\_  
Street Address Apt # City State Zip

Home phone number: (\_\_\_\_\_) \_\_\_\_\_

Parent's Name \_\_\_\_\_ work phone number: (\_\_\_\_\_) \_\_\_\_\_

Parent's email \_\_\_\_\_

**Medical Information: Please fill out what you are comfortable telling us and know all information is kept in a closed container with a designated camp leader for emergency**

Physician's name & Phone number: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

*(DO NOT WRITE YOUR SSN NUMBER.)*

**EMERGENCY NOTIFICATION:**

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

Phone: (work) \_\_\_\_\_ home \_\_\_\_\_ cell \_\_\_\_\_

**Anything We Need to Help Your Student Have A Wonderful Experience?**

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## Information Form



Do any of the following apply to the participant? Please circle yes or no.

Do you smoke?	Yes	No
Chest pain?	Yes	No
High blood pressure?	Yes	No
Heart disease in family?	Yes	No
Diabetes?	Yes	No
Currently taking any medication? If so please list: *WE CAN NOT DISPERSE ANY MEDICATION	Yes	No
Medicine Allergies? If so please list medications you are allergic to:	Yes	No
Do you exercise?	Yes	No
Allergic to bee stings? Describe your reaction:	Yes	No
Do you use an epi-pen? <i>If you use one please bring it with you.</i>	Yes	No
Asthma? What triggers your attacks?	Yes	No
Do you use an inhaler? <i>If you use one please bring it with you.</i>	Yes	No
Muscle or joint injuries? If yes explain:	Yes	No
Any Food Allergies? If yes, please list	Yes	No

Please list, in this box, any other areas of concern or other information that you believe is relevant to your participation in this program.

I fully understand that this information will be kept private and will not be shared unless there is an emergency and I need medical treatment. In the event an injury renders me unable to communicate, I grant my permission for this information to be shared to any emergency medical personnel. **This form in no way constitutes liability on the part of any one involved with this program.**

Parents/Guardian signature: \_\_\_\_\_ Date.

Participant’s signature: \_\_\_\_\_ Date:

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### Acknowledgement and Assumption of Risk

Form must be completed prior to the start of the program to participate.

To participate in this program, we ask you to (1) acknowledge that you understand and accept the risks involved in participating in a program that is anchored in an outside park environment and (2) that you release the facilitators, speakers, leadership team and anyone involved in helping with Emerging Women NC programs harmless in the event you suffer damages or injury.

I understand and accept that participation in the Emerging Young Women NC programs could expose me to numerous known and unanticipated risks from my actions and the actions of others which could result in personal injury, illness, death or damage to myself or my property. I understand that some of the risks or factors creating risks include, but are not limited to hazards associated with:

- Movement over woodland trails and uneven terrain;
- Stretching and lifting exercises and running activities;
- Exposure to animals, poisonous plants and insects such as poison ivy, insect bites, wasp and bee stings, and or other injuries inflicted by animals, insects or plants;
- The forces of nature, including lightning and weather changes;
- Working with, and in close proximity to, others;
- My own, and others, personal physical, mental and emotional condition and the mental, physical and emotional exertion associated with camp-style activities.

I, for myself, my heirs, agents and assigns, understand that I am solely responsible for deciding whether to participate in any activity with Emerging Women NC and that it is my responsibility to bring unusual or potentially hazardous situations or behavior to the Leadership Team’s attention and to communicate my needs or concerns to them. **I understand and accept the known and unknown risks associated with participating in this event. My participation is voluntary and is done with full knowledge of the risks.**

I have carefully read and understand this Acknowledgment and Assumption of Risk and my responsibilities as a participant. I also understand that pictures will be taken of this event that I might be in and will be used to promote future programs.

**\*Must be signed by a parent or guardian if under the age of 18**

_____	_____	_____
Participants Printed Name	Participant’s Signature	Date
_____	_____	_____
Parents/Guardian Printed Name	Parent’s/Guardian Signature	Date

Email or call BJ Davis with any questions [bjdavis@emergingwomennc.com](mailto:bjdavis@emergingwomennc.com) 919-274-2445