



Dear Parent/Guardian,

We're excited your daughter would like to participate in our **Dream it, Be It: Career Support for Girls! Workshop Series** beginning **Saturday, October 21, 2017**, from **10:30 am – 2:30 pm**, at the **Ocean County Library, Toms River Branch, Home Town Dairy Room** (101 Washington St, Toms River, NJ 08753), and running through March 2018. There will also be a recognition event one evening in April.

The session is hosted by Soroptimist International of Toms River, in conjunction with Big Brothers Big Sisters of Ocean County and Ocean County College.

Dream It, Be It is a program of Soroptimist International of the Americas. Soroptimist is a global women's organization whose members volunteer to improve the lives of women and girls through programs leading to social and economic empowerment. Approximately 33,000 Soroptimists in 20 countries and territories support community-based and global projects benefiting women and girls. The organization is particularly concerned with providing women and girls with access to education.

Designed specifically for girls in secondary school, **Dream It, Be It** provides participants with career support and guidance. Through education and access to role models, the program aims to empower girls (just like your daughter!) to pursue career goals and reach their full potential. Your daughter will learn about career opportunities, setting and achieving goals, overcoming obstacles to success, and moving forward after setbacks. She will have the opportunity to work closely with Soroptimist members who are professional and respected women in your community who work together on projects that benefit women and girls. Soroptimists will collaborate with other community members to lead girls through activities that will help them develop skills relevant to whatever career they choose to pursue.

In order to process your daughter's registration to take part in **Dream It, Be It**, we need **your permission**.

Please **sign the attached form and email it to sitomsriverarea@soroptimist.net** by **Saturday, October 14th**

You are also required to **sign in and sign out your daughter on the day of the event**. Registration is at 10:30, and the workshop will end at 2:30 pm, so please plan your return accordingly.

If you have any questions or concerns, please email **sitomsriverarea@soroptimist.net** or call **732.504.5941**. We look forward to seeing you and your daughter on October 21st.

Sincerely,

Cindy Lisowski

Cindy Lisowski, President

Soroptimist International of Toms River Area



PARENTAL CONSENT AND RELEASE FORM

Dear Parent/Guardian,

Please **sign and return** the following form to sitomsriverarea@soroptimist.net by **October 14, 2017**.

I give permission for **my daughter**, _____, to attend and participate in the activities of Dream It, Be It: Career Support for Girls, a program of Soroptimist International of Toms River Area (SITR). I agree to the following, intending for me and my child to be legally bound:

1. In case of medical emergency, I grant the facilitators the right to authorize medical care, if I cannot be promptly and readily reached.
2. In the event medical treatment is necessary for my child, I agree to pay all costs associated with such treatment including the cost of emergency medical evaluation and care. I further agree to hold harmless and indemnify SITR for any costs associated with medical treatment and transportation for my child.
3. I agree that SITR isn't responsible for any bodily injury, illness or disease, or loss or damage from any cause concerning this program, even in the event of negligence by the club, its members or facilitators. I release and agree to hold harmless SITR members and facilitators from any liability in connection with activities of this program.
4. This consent and release shall be governed by the law of the State of New Jersey, without regard to its principles on conflicts of laws.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Date: _____

Participant information will be shared with Big Brothers Big Sisters of Ocean County and Ocean County College.

Please sign here if you will allow this: _____

I hereby grant permission to SITR and its representatives, to take and use **photographs and/or digital images of MY CHILD** for use in news releases, promotional materials, and in all versions and adaptations thereof, to be used for any and all purposes. These materials might include printed or electronic publications, web sites, social media, or other electronic communications. I further agree that my child's name (listed above) and identity may be revealed in descriptive text or commentary in SITR and its subcontractors, and any of its affiliates, from any liability arising from the use of these photographs / digital images created by SITR or furnished by me in connection with its production. All negatives, prints, digital reproductions, and copyright shall be the property of SITR and its representatives. **Parent/Guardian Signature:**

I hereby grant permission to SITR and its representatives, to take and use **photographs and/or digital images of ME** for use in news releases, promotional materials, and in all versions and adaptations thereof, to be used for any and all purposes. These materials might include printed or electronic publications, web sites, social media, or other electronic communications. I further agree that my child's name (listed above) and identity may be revealed in descriptive text or commentary in SITR and its subcontractors, and any of its affiliates, from any liability arising from the use of these photographs / digital images created by SITR or furnished by me in connection with its production. All negatives, prints, digital reproductions, and copyright shall be the property of SITR and its representatives. **Parent/Guardian Signature:**
