Alfred State Workshop Activity Form

Girls Empowerment Camp

Student name: ___________________________________  Age: _____  Grade: ______

Guardian (name and contact number): ________________________________

Hair Workshop

I give GST BOCES students permission to style and curl my child’s hair. During this process styling products and water may be applied. Styling tools may be employed during the process. No child’s hair shall be cut or colored.

Guardian signature: ________________________________  Date: ____________

Manicure Workshop

I give GST BOCES students permission to perform a manicure on my child. During this process nail products, including polish may be applied.

Guardian signature: ________________________________  Date: ____________