



### Summer Program 2019 – Registration Form

Date \_\_\_\_\_

1<sup>st</sup> Girl's Name \_\_\_\_\_ T-shirt size \_\_\_\_\_  
Last First Middle

Date of birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Present School \_\_\_\_\_ Grade just completed \_\_\_\_\_

2<sup>nd</sup> Girl's Name \_\_\_\_\_ T-shirt size \_\_\_\_\_  
Last First Middle

Date of birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Present School \_\_\_\_\_ Grade just completed \_\_\_\_\_

Home Address \_\_\_\_\_  
Number and Street City State Zip

Home Telephone (\_\_\_\_) \_\_\_\_\_ Is your daughter(s) eligible to receive free lunch? \_\_\_\_\_

Girl's Ethnicity: \_\_\_ African-American \_\_\_ American-Indian \_\_\_ Asian-American  
\_\_\_ Latina \_\_\_ Pacific-Islander-American \_\_\_ European-American \_\_\_ Other \_\_\_\_\_  
\*\*\*\*\*

#### Parent/Guardian #1

Name \_\_\_\_\_  
Last Name First Name Middle

Address \_\_\_\_\_  
Number and Street City State Zip

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you employed? \_\_\_\_\_ If yes, occupation/employer: \_\_\_\_\_

Annual Income: \_\_\_\_\_ Total # of Members in household \_\_\_\_\_

#### Parent/Guardian #2

Name \_\_\_\_\_  
Last Name First Name Middle

Address \_\_\_\_\_  
Number and Street City State Zip

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you employed? \_\_\_\_\_ If yes, occupation/employer: \_\_\_\_\_

Annual Income: \_\_\_\_\_ Total # of Members in household: \_\_\_\_\_



Check if appropriate:

\_\_\_ Parents together \_\_\_ Parents separated \_\_\_ Mother remarried \_\_\_ Mother deceased
\_\_\_ Single Parent \_\_\_ Parents divorced \_\_\_ Father remarried \_\_\_ Father deceased
\_\_\_ Alternative family \_\_\_ Foster family: Caseworker \_\_\_\_\_

Phone Number \_\_\_\_\_

If I cannot pick up my daughter, I authorize the following persons to pick her up from Girls to Women. I understand that these persons may be asked for photo ID when picking up my daughter. NOTE: Only the persons listed on this form will be able to pick up you child.

Person 1:

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

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Person 2:

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

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

\*\*\*\*\*

In case of an emergency, if I cannot be reached I authorize Girls to Women staff to contact:

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

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Medical Information:

Doctor/clinic \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Insurance company \_\_\_\_\_ I.D.number \_\_\_\_\_

Hospital of choice \_\_\_\_\_ Name of policy holder \_\_\_\_\_

1. Do you know of any physical, mental, social difficulties or other information that may affect participation and/or for which accommodations are needed? \_\_\_ No \_\_\_ Yes
If yes, please specify \_\_\_\_\_

2. Any activity restriction desired by participant, parent/guardian, and/or physician? \_\_\_ No \_\_\_ Yes
If yes, please specify \_\_\_\_\_

3. Any known allergies? \_\_\_ No \_\_\_ Yes
If yes, please specify \_\_\_\_\_

4. Is the participant currently taking any medications? \_\_\_ No \_\_\_ Yes
If yes, please specify \_\_\_\_\_



I verify that the information I provide is complete and accurate. I understand that Girls to Women will keep this information confidential. I understand that reasonable measures will be taken to safeguard the health and safety of my child and that I will be notified in case of an emergency. In the event I cannot be reached in an emergency, I hereby authorize transportation to a medical facility and/or contacting a physician at my expense to provide the necessary emergency medical treatment. This includes any special instructions provided by me as noted in the space below.

---

---

I authorize my child to take part in Girls to Women activities. My child also has my permission to go on field trips by bus, car, or van with authorized Girls to Women staff and/or volunteers.

I understand that Girls to Women will not be responsible for my child leaving the premises without permission. I further understand that I am to instruct my child not to wander away from Girls to Women premises or any off-site premises where we may be engaged in an activity as a group. If my child wanders away from Girls to Women premises, this will result in removal from my child from the Girls to Women Summer Program. **No child will be permitted to leave the premises for any reason while under the care of Girls to Women unless a written permission form is completed by a parent or guardian stating that a child can walk home or elsewhere when leaving the program for the day.**

I understand that I am to review Girls to Women rules with my child and instruct my child to abide by all the rules and regulations.

Further, I release Girls to Women and its employees and agents, from any and all liability or claims arising out of my child's engagement in the above described activities.

---

Parent/Guardian Signature

---

Date

\*\*\*\*\*

### Attendance Policy

Preference for admittance to Girls to Women's Summer Program will be given to girls/families who can commit to attend full-time (five-times per week). However, we understand that your family may have pre-arranged events. In the space provided please outline any plans your family has between the dates of June 24, 2019 to July 26, 2019:

---

---

If your daughter will be absent from program due to illness please inform program staff as soon as possible, preferably the night before. You can call **program cell phone at: 408.750.6638**, or **email at: info@girlstowomen.org**. Thank you for your cooperation.

---

Parent/Guardian Signature

---

Date



**Authorization and Consent to Publish, Photograph, Videotape and/or Audiotape**

The undersigned hereby authorizes Girls to Women and any associated organizations/individuals to photograph, videotape, audiotape, and/or publish the work of:

Name of Participant: \_\_\_\_\_

The undersigned agrees that Girls to Women may use and permit others to use the negatives, prints, videotape, audiotape, and artwork for such purposes and in such manner as may be deemed appropriate by Girls to Women. The undersigned agrees that this use may include negatives, prints, videotape, audiotape and/or artwork for the purpose of class promotion, marketing, and educational purposes.

The undersigned agrees that the photographs, videotape, audiotape and/or artwork may be used for such purposes, including but not limited to: dissemination to staff of Girls to Women, art professionals and members of the public for education, public relations, marketing and charitable purposes and that such use is subject only to the following limitations:

\_\_\_\_\_  
\_\_\_\_\_

The undersigned has entered into agreement and hereby waives any right to compensation for such uses by reason of the foregoing authorizations, and the undersigned and his/her successors or assigns hold Girls to Women harmless from and against any claim resulting from activities authorized by this agreement.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**FEE AGREEMENT**

I, \_\_\_\_\_, hereby agree to pay Girls to Women a registration fee of \$20 and a weekly fee of \$\_\_\_\_\_. This payment must be made the Friday before the week starts. If for any reason I am unable to make the payment on time, I will inform Girls to Women so that arrangements can be made. Forms of payment accepted are personal check and cash (exact change is preferred). No refunds will be given.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**PERMISSION FOR PARTICIPATION  
in water activities at Girls to Women**

My daughter \_\_\_\_\_ has my permission to participate in water activities at Girls To Women including, but not limited to, playing in children’s wading pools, playing in a water sprinkler, swim lessons, pool activities, and playing water balloon games. She may get wet, including her entire body and hair, as a part of these games. She may get wet (please check one):

\_\_\_\_\_ In her regular clothes

\_\_\_\_\_ ONLY when she brings a swimsuit or swimming clothing

I authorize Girls to Women to carry out any measures deemed necessary by its staff should an emergency occur, including securing (at the expense of the undersigned) appropriate medical treatment for my child (this includes any special instruction provided by me as noted in the space below). Further, I release Girls to Women, its employees and agents, from any and all liability or claims arising out of my child’s engagement in the above-described activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**WILL YOUR CHILD BE WALKING HOME?  
Liability Release Form for Walking to and from Girls to Women**

I, \_\_\_\_\_ (Parent/Guardian) being the legal parent or guardian of \_\_\_\_\_ (Participant), do hereby release, forever discharge and agree to hold harmless Girls to Women and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever, which may be incurred by the undersigned, and/or the child participant that occur while said is walking home unsupervised from Girls to Women.

Furthermore, I (and for or on behalf of my child participant) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of the above listed participant walking home unsupervised from Girls to Women. The undersigned further hereby agrees to hold harmless and indemnify said organization(s), its directors, employees and agents, for any liability sustained as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I (we) are the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for her to walk home unsupervised from Girls to Women.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

