



## Registration form

### Personal Information:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

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

Email Address (parent): \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

### Contact Information:

Parent/Guardian Name: \_\_\_\_\_

Alt. Phone Number (other than above): \_\_\_\_\_

\_\_\_\_\_ I would like to receive text messages for meeting changes at this number:

\_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_

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

Does your child have any relevant medical conditions (food allergies, diabetes, etc)?

\_\_\_\_\_

### Girl's Contract:

I agree to participate in Girls' Club. In doing so, I will come on a regular basis, I will participate in the planned activities, and I will respect myself, the staff, and my peers while at Girls' Club meetings. \_\_\_\_\_

### Parent Agreement:

I give my daughter permission to participate in all phases of activities, unless I contact Kate, the program coordinator. I understand that Girls' Club staff is not responsible for babysitting or transporting children at any time. I understand that if my child is not

picked up on time, the staff may have no recourse but to contact the proper authority. In case of an emergency, if I or the child's emergency contact cannot be reached, I give permission to the Dearborn County Hospital to give emergency treatment to my child.

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

Date: \_\_\_\_\_

My child will walk home. \_\_\_\_\_ (initial)

My child will be picked up. \_\_\_\_\_ (initial)

I give consent for my daughter to participate in all photos, videos, interviews, etc, to be taken during the Girls' Club sessions, which may be used for publicity for Dearborn County Girls' Club (website, flyers, ads, etc). \_\_\_\_\_ (initial)