girls inc.

SY 2018-19 **AGE: 9-12**

Member # _____

MEMBER NAME: _____
First *Middle* *Last*

ADDRESS _____
Number & Street *City,* *State* *Zip*

DATE OF BIRTH _____ **AGE** _____ **HOME PHONE** _____

SCHOOL_____ **GRADE** _____

Father or Guardian

Name _____

Address _____

Email Address_____

Home Phone_____

Cell Phone_____

Work Place _____

Work Phone _____

Mother or Guardian

Name _____

Address _____

Email Address_____

Home Phone_____

Cell Phone_____

Work Place _____

Work Phone _____

Emergency Contact (other than parents)

Name _____Relationship to Child _____ PH:_____

Name _____Relationship to Child _____ PH:_____

Doctor _____ Doctor's Phone _____

List any health, physical or mental information that we would need to know (such as allergies):

_____

Please Circle One in Each Box Below

Racial/Ethnic Profile	Family Composition	Primary Language Spoken at Home	Household Income Level
Aisian	Living with Both Parents	English	Under 10,000
Black/African American	Living with Mother only	Spanish	10,000—20,000
Hispanic/Latina	Living with Father only	Japanese	20,001-30,000
Multiracial	Living with One Parent at a Time (joint custody)	Other	30,001-50,000
White	Living with Neither Parent		Greater than 50,000
Other			

Does your child receive free or reduced lunches at school? Yes No

☐ **Picture Use Permission:** I give permission to Girls Inc. to take photos of my child (member named above) and use them solely for the purpose of their website, promotional material, and affiliate display. To insure safety, names of the participants will not be posted on the website.

☐ **I have received or have access online to the Parent Handbook** containing all of the policies and procedures of Girls Inc. of Jackson County program. I am in agreement with them and understand my child and I will be required to adhere to these policies or Girls Inc. of Jackson County will take appropriate action in the event of infractions.

Medical Permit: I do hereby authorize a staff member of Girls Inc. of Jackson County to render first aid or to request or consent to any reasonably necessary medical or dental treatment, including anesthesia, surgical and hospital care, to be rendered to the above named minor on the recommendation and supervision of any dentist, physician or surgeon licensed to practice medicine by any state.

Travel Permit: Member (name above) has my permission to travel with Girls Inc. to participate in a club sponsored event. I will not hold Girls Inc. of Jackson County, its employees, its officials or owners of vehicles providing transportation liable in the event of accident or injury to my daughter while on a club sponsored trip. It is understood that the Girls Inc. management will make every effort to assure the safety of all Girls Inc. members while they are participating in any Girls Inc. program or trip.

_____ _____

Signature of Parent or Guardian for medical & Travel permission as described above. *Date*