

**MEMBER NAME:** \_\_\_\_\_  
*First Middle Last*

**ADDRESS** \_\_\_\_\_  
*Number & Street City, State Zip*

**DATE OF BIRTH** \_\_\_\_\_ **AGE** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_ **GRADE ENTERING** \_\_\_\_\_

**Father or Guardian**

**Mother or Guardian**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Place \_\_\_\_\_

Work Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Place \_\_\_\_\_

Work Phone \_\_\_\_\_

**Emergency Contact (other than parents)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ PH: \_\_\_\_\_ PH: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ PH: \_\_\_\_\_ 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
Asian	Living with Both Parents	English	Under 10,000
Black/African American	Living with Mother only	Spanish	10,000—15,000
Hispanic/Latina	Living with Father only	Japanese	15,000-20,000
Native American	Living with One Parent at a Time (joint custody)	Other	20,000-25,000
Multiracial	Living with Neither Parent		25,000-30,000
White			30,000-50,000
Other			Greater than 50,000

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

\_\_\_\_\_  
*Initial Here*

**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.

\_\_\_\_\_  
*Initial Here*

**I have received 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.

**Travel Permit:** My daughter (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 Travel Permission*

\_\_\_\_\_  
*Date*