

MEMBER NAME: _____			
<i>First</i>	<i>Middle</i>	<i>Last</i>	
ADDRESS _____			
<i>Number & Street</i>	<i>City,</i>	<i>State</i>	<i>Zip</i>
DATE OF BIRTH _____	AGE _____	HOME PHONE _____	
SCHOOL _____	GRADE ENTERING IN FALL _____		

Father or Guardian

Mother or Guardian

Name _____

Address _____

Email _____

Home Phone _____

Cell Phone _____

Work Place _____

Work Phone _____

Name _____

Address _____

Email _____

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
Asian	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	20,000-30,000
Native American	Living with One Parent at a Time (joint custody)	Chinese	30,000-50,000
Multiracial	Living with Parent & Stepparent	French	Greater than 50,000
White	Living with Neither Parent	Other	
Other	Living in Court Ordered Placement		

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

A Seymour Gymnastics Center member? Yes No

2021 Girls Inc. Summer Camp

Please complete the four signature areas

Picture Use Permission: By signing below, 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.

➔ SIGNATURE _____ DATE _____
 (Parent or Guardian)

The Parent Handbook is available in paper form or on the website. It contains all of the policies and procedures of Girls Inc. of Jackson County program. By signing below, I am in agreement with 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.

➔ SIGNATURE _____ DATE _____
 (Parent or Guardian)

Travel Permit: By signing below, 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 _____ DATE _____
 (Parent or Guardian)

Medical Waiver & Release: I fully understand that Girls Incorporated/SGC staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Girls Incorporated/SGC staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Girls Incorporated/SGC staff to call a doctor and to seek medical help, including transportation by a Girls Incorporated/SGC Staff member its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Girls Incorporated/SGC staff deem this to be necessary. By signing below, I hereby authorize a staff member of Girls Incorporated of Jackson County to request or consent to any reasonably necessary medical or dental examination or treatment, including anesthesia, surgical and hospital care, to be rendered to the above named minor (member) on the recommendation and supervision of any dentist, physician or surgeon licensed to practice medicine by any state.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and staff instructions. The Girls Incorporated/SGC staff, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of recreational activities, gymnastics, trampoline, tumbling, dance instruction, open workouts or in the case of any exhibition, competition, or clinic in which he or she may participate while traveling to or from an event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Girls Incorporated/SGC. I, my executors, or other representatives, waive and release all rights and claims for damages that I or my child may have against Girls Incorporated/SGC and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both by child's protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of activities and injury. The parent should warn the child according to what the parents' feel is appropriate. Girls Inc/SGC will only warn the child through "Safety Messages" and our teaching style and progressions.

I have read and understand the Waiver & Release information and the Policies and Procedures information. The signing of this form affirms that I give permission for my child to participate in Girls Incorporated/SGC activities and I agree to all the conditions on behalf of my child.

➔ SIGNATURE _____ DATE _____
 (Parent or Guardian)

Office Use Only						
			Carryover Balance			
			DATE	DATE	DATE	DATE
DESCRIPTION	Amt	✓	PAYMENT	PAYMENT	PAYMENT	PAYMENT
SUMMER ACTIVITY FEE - \$230	\$ 230.00					
Sibling Discount (on second or third child in same home)	\$ (25.00)					
CONCESSIONS						
OTHER						
TOTAL AMOUNT DUE						
TOTAL AMOUNT PAID						
<i>Note if cash, check or charge</i> ➔						
BALANCE DUE						

Staff Initials: _____

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Girls Inc. of Jackson County has put in place preventative measures to reduce the spread of COVID-19; however, Girls Inc. of Jackson County **cannot guarantee that you will not become infected with COVID-19**. Further, participation could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

____ INITIALS By signing this agreement, I **acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death**. I understand that the risk of becoming exposed to or infected by COVID-19 at Girls Inc. of Jackson County result from the actions, omissions, or negligence of myself and others, including, but not limited to, Girls Inc. of Jackson County's employees, volunteers, and program participants and their families.

____ INITIALS I **voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at Girls Inc. of Jackson County**. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Girls Inc. of Jackson County, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Girls Inc. of Jackson County, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at Girls Inc. of Jackson County.

____ INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

____ INITIALS In the event that I file a lawsuit, I agree to do so in the state where Girls Inc. of Jackson County is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

____ INITIALS **By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

____ INITIALS I **have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing**. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

____ INITIALS If I have signed a separate general waiver of liability connected to my participation at Girls Inc. of Jackson County, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

____ INITIALS **I agree that I will practice safe social distancing and clean hygiene during my participation at Girls Inc. of Jackson County.**

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone (____) _____ Date _____

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)**

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian Signature _____ Print Name _____ Date _____