

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 (this Fall) _____	

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 to Child _____ PH: _____

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):

Racial/Ethnic Profile	Family Composition	Number in Household	Primary Language	Household Income Level
Asian	Living with Both Parents		English	Under 10,000
Black/African American	Living with Mother only			10,000-15,000
Hispanic/Latina	Living with Father only		Spanish	15,001-20,000
Multiracial	Living with Parent & Stepparent		Japanese	20,001-30,000
White	Living with One Parent at a Time (joint custody)		Other	30,001-40,000
Other	Living with Neither Parent			40,000-50,000
				50,001-60,000
				60,001-70,000
				Greater than 70,000

Initial

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

☐

Picture Use Permission: I give permission to Girls Inc. of Jackson County & Girls Inc. National 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

Sign Back 

PARENT OR GUARDIAN GYM WAIVER
(Must be completed for participants under the age of 18)

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 in the basketball gym, 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.

I further agree to indemnify and hold harmless Girls Inc. of Jackson County 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 _____ Date _____

**girls
inc.**