

Membership # _____

Girls Incorporated of Monroe County

PLEASE PRINT

Date Issued _____

Membership Application

(Please Note: Membership Fee is Non-Refundable)

Date Expires _____

Girl's Name _____ Age _____ Phone _____

Address _____ City _____ State _____ Zip _____

Township _____ School _____ Grade _____ Birth Date _____

Racial/Ethnic Group (W=White, B=Black, HL=Hispanic/Latino, I=American Indian, AA=Asian American, O=Other) _____

Alternate/Emergency Names & Phone _____

1st Parent/Guardian's Name _____ Business Phone _____

1st Employer _____ Cell/Pager _____

2nd Parent/Guardian's Name _____ Business Phone _____

2nd Parent's Employer _____ Cell/Pager _____

Parent/Guardian E-mail Address _____ Child Living with _____

Doctor _____ My child is allergic to (list ALL allergies and ALL medications currently taking): _____

My child has a special health situation (learning, developmental or physical). Please list: _____

In case of emergency, if I cannot be reached, I give my permission for staff to secure emergency medical and non-surgical care for my minor child while participating in approved Girls Inc. activities. I also give my permission to have my child transported to the nearest emergency care facility and for hospital/emergency care staff to begin any necessary procedures.

Signature: _____

My child is allowed to leave the premises on her own. Please circle one: No Yes (Explain) _____

I give permission for my child to be transported by Girls Incorporated staff members from school to the center: Yes _____ No _____
(PLEASE NOTE: Separate permission slips are required for field trips.)

Yearly Gross Family Income Level (Please circle one; confidential but used for grant proposals): Below \$10,000 \$10,000-\$15,000
\$15,000-\$20,000 \$20,000-\$25,000 \$25,000-\$35,000 \$35,000-\$50,000 \$50,000 & Above Number in Family _____

The following people may pick up my child. Please list any and all possibilities. _____

Is there anyone you do NOT want your child released to? Yes _____ No ___ If yes, please list _____

Signature of parent/guardian _____ Date _____

Child's Photo Release/Web Site Release

I hereby consent/do not consent (*circle one*) to and authorize use by you, or anyone authorized by you, to use any and all photographs that you have taken of me and/or my child this membership year (one year from the below date). You may use these photographs, and any reproductions of them, for any purpose, including publication, display, and exhibition in promotion without compensation to my child or me. I agree that the photographs and negatives shall constitute your sole property, with full right of disposition in any manner whatsoever. I hereby release and discharge you from any and all claims whatsoever in connection with the use of these photographs and the reproduction thereof. I understand Girls Inc. only uses the girls' first names for identification as a matter of protection. I also understand Girls Inc. does not sell or release these photos to anyone outside of the organization without an additional release form signed by me.

I verify that I am the parent/guardian of _____, the subject of the photographs. I have read the foregoing and fully understand its contents. I am authorized to execute this release on _____'s behalf.

Consent _____
Signature Date

Do Not Consent _____
Signature Date