



Girls Incorporated of
Southwestern Connecticut
35 Park Place
Waterbury, CT 06702
(203) 756-4639
info@girlsincswct.org

For office use:

Program: GIRLStart Middle School Dance Teen Leadership
 Gymnastics Karate Other: _____

(If Offsite) Location:

Membership paid Registration date: _____ New Renew

Membership Application

Member Information

Girl's Name		Age	Grade
Address	City	State	Zip
Home Phone	Birth date	School	

Parent Information

Mother's/Guardian's Name	Cell Phone	Work Phone
Place of Employment	Occupation	Email
Father's/Guardian's Name	Cell Phone	Work Phone
Place of Employment	Occupation	Email

**Emergency Contact Information
(In case parent/guardian cannot be reached)**

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

Girl Release Information

Your girl will not be released to anyone other than a parent or legal guardian unless the name is listed below, or you send a written and signed consent for your girl to leave with someone else. Anyone picking up your girl that is not familiar to our front office personnel will be required to show proper identification (state license or state ID)

Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship

**Non-release Information
(ANYONE WHO CANNOT PICK UP YOUR GIRL)**

Name	Name
Name	Name

Medical and Emergency Information

Name of Doctor		Phone
Do you have medical insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance Company: (please provide a copy of your insurance card)	
Are there any activities that your girl cannot participate in: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	

Health History

In order for us to better serve your girl please fill out the following

<input type="checkbox"/>	ADD	
<input type="checkbox"/>	ADHD	
<input type="checkbox"/>	Allergies	Please specify:
<input type="checkbox"/>	Asthma	
<input type="checkbox"/>	Autism	
<input type="checkbox"/>	Diabetes	
<input type="checkbox"/>	Emotional/Behavioral Disorders	Please specify:
<input type="checkbox"/>	Food Allergies	Please specify:
<input type="checkbox"/>	Hearing/Visual Impairment	Please specify:
<input type="checkbox"/>	Heart Disorders	
<input type="checkbox"/>	Hypertension	
<input type="checkbox"/>	Learning Disability	Please specify:
<input type="checkbox"/>	Requires Medication	List Medications: _____ <i>If medication needs to be taken while at Girls Incorporated of Southwestern Connecticut please note and ask for the Medication Authorization Form.</i>
<input type="checkbox"/>	Other	Please specify:

Physical Authorization

Date of last physical	Girl's past and current medical history does not preclude participation in physical/fitness activities.	Parent Initials: _____
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Medical Care Provider's Information:

Name of provider			Name of physician, APRN, or PA
Address			Date signed
City/Town	State	Zip	Phone #: Fax #:

The HEALTH ASSESMENT FORM is complete and accurate, and the girl herein described has my permission to engage in all physical activities unless otherwise noted. I agree to submit a copy of my child's last annual physical with this form prior to participation in any Girls Inc. of SWCT Program.

Parent signature: _____ Date: _____

Agreement/Release

Initials

My girl _____ and I understand and agree to abide by all rules and regulations of Girls Incorporated of Southwestern Connecticut.	
I give permission for my girl _____ to receive emergency medical transport and treatment and to be hospitalized if necessary. I understand that I will be fully responsible for all costs of treatment and hospitalization. I understand that efforts will be made to contact me as soon as possible whenever such action is necessary.	
I understand that Girls Inc. of SWCT does not have staff licensed to administer medication and, therefore cannot administer any medication.	
I give permission for my girl to leave the main center or other program sites under the supervision of designated employees of Girls Incorporated of Southwestern Connecticut for an activity within walking distance and/or using transportation deemed appropriate by the Executive Director/CEO. I understand that if Girls Incorporated of Southwestern Connecticut participants leave the center or program site, notice of where they are going will be available in the appropriate administrative office.	
My girl and I understand that activities at or sponsored by Girls Incorporated of Southwestern Connecticut may pose a risk of injury, and I agree to indemnify and hold harmless Girls Incorporated of Southwestern Connecticut, its directors, administrators, employees or representatives from any and all liability for injury, damage, claim, demand, suit or action for any act of omission arising from my girl's participation in any activities. I further release and discharge Girls Incorporated of Southwestern Connecticut, its directors, administrators, employees or representatives from any and all liability for injury, damage, claim, demand, suit or action arising from my girl's participation in any activities at or sponsored by Girls Incorporated of Southwestern Connecticut and/or transportation to and from the same.	
I give permission for photographs to be taken of my girl to be used for public relations, advertising, and media materials with no remuneration to be paid to me or my girl.	
My girl and I understand that Girls Incorporated of Southwestern Connecticut is not responsible for any lost or stolen personal items.	
I will notify the administrative office if any information on this agreement/release changes.	
I understand that I must walk my girl into the building for any and all programs she will be participating in. I will also come into the building to pick up my girl.	
I understand that there will be no refunds or credits due to absences or snow days.	
I understand and give permission for my girl to participate in pre and post evaluations when conducted by Girls Inc. of SWCT.	
I further understand that pick up time is promptly at the end of class time and if I fail to pick up on time there is a \$15.00 fee for any of the first 15 minutes and an additional \$15.00 for each 15 minutes thereafter. <i>(for example if you pick up at 5:10 you will be charged \$15.00 and at 5:20 you will be charged another \$15.00)</i>	
Parent Signature: 	Date:

Dear Parent/Guardian:

We need you to participate in supplying the following statistical information. We need this information for grants that help us in a variety of activities and most importantly, to help keep our costs as low as possible for you. This information is strictly confidential.

Girl's Race/Ethnicity:

- African American
- Asian or Pacific Islander
- American Indian or Native American
- Hispanic/Latina
- Caucasian/European
- Multiethnic
- Other: _____

Eligible for reduced lunch:

- Yes No

Eligible for free lunch:

- Yes No

Language Spoken at Home:

- English
- Spanish
- Other: _____

Annual Household Income:

- Under \$10,000 \$10,000-15,000 \$15,000-20,000
- \$20,000-25,000 \$25,000-\$35,000 \$35,000+

Family Income

Please circle your yearly income under the column indicating the number of people in your family.

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$0-\$21,660	\$0-\$24,400	\$0-\$29,140	\$0-\$32,880	\$0-\$36,220	\$0-\$40,360	\$0-\$44,100	\$0-\$47,840
\$21,660-\$34,656	\$24,400-\$40,640	\$29,140-\$46,624	\$32,880-\$52,608	\$36,220-\$58,592	\$40,360-\$64,576	\$44,100-\$70,560	\$47,840-\$76,544
\$34,656 & over	\$40,640 & over	\$46,624 & over	\$52,608 & over	\$58,592 & over	\$64,576 & over	\$70,560 & over	\$76,544 & over

Girl Lives With:

- Mother Only
- Father Only
- Both Parents
- Joint Custody
- Foster Parent/Legal Guardian

Thank you for participating in the above data collection.

This page of information supports us in receiving program funding from other grant that enable us to help girls in need of financial assistance for our programs. Your privacy is not compromised in the collection of this information.