



Girls Incorporated of Metropolitan Dallas  
**Summer Camp Registration Form**  
**2018**

**Camp Session:**  **Session I (June 4 – 29)**  **Session II (July 2 -27)**

**PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS**

**Participant(s) Information:**

<b>For Office Use Only:</b>
Date: ____/____/____
Campus: _____
Total Fee: \$ _____
<input type="checkbox"/> Full
<input type="checkbox"/> Payment Plan
Report Card: <input type="checkbox"/>
Staff Initials: _____

Girl's Name (First & Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at Time of Camp: \_\_\_\_\_ Grade Entering This Fall: \_\_\_\_\_

Race/Ethnicity:  White  Black  Hispanic  Asian  American Indian  Pacific Islander  Mixed Race

Primary Language:  English  Spanish

Previously Attended a Girls Inc. Campus:  Yes, I attended (please circle): Love Field Oak Cliff South Dallas Other  
 No, this is my first time!

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Country (If Outside of USA): \_\_\_\_\_

List Any Allergies and Dietary Restrictions: \_\_\_\_\_

List Any Medical Conditions or Special Needs: \_\_\_\_\_

T-shirt Size:  Youth Small  Youth Medium  Youth Large  Adult Small  Adult Medium  Adult Large  
 Adult XL  Adult 2XL  Adult 3XL

Girl's Name (First & Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at Time of Camp: \_\_\_\_\_ Grade Entering This Fall: \_\_\_\_\_

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List Any Allergies and Dietary Restrictions: \_\_\_\_\_

List Any Medical Conditions or Special Needs: \_\_\_\_\_

T-shirt Size:  Youth Small  Youth Medium  Youth Large  Adult Small  Adult Medium  Adult Large  
 Adult XL  Adult 2XL  Adult 3XL

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T-shirt Size:  Youth Small  Youth Medium  Youth Large  Adult Small  Adult Medium  Adult Large  
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 Adult XL  Adult 2XL  Adult 3XL

**Account Holder/Guardian #1/ Parent #1 Information:**

Name (First & Last): _____	Occupation: _____
Cell Phone: _____	Work Phone: _____
Email: _____	Preferred Method of Contact: <input type="checkbox"/> Phone Call <input type="checkbox"/> Text <input type="checkbox"/> Email
Street Address: _____	City: _____
State: _____	Zip Code: _____
County: _____	Country (If Outside of USA): _____
Relationship to Girl: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____	Custodial Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Guardian #2/ Parent #2 Information:**

Name (First & Last): _____	Occupation: _____
Cell Phone: _____	Work Phone: _____
Email: _____	Preferred Method of Contact: <input type="checkbox"/> Phone Call <input type="checkbox"/> Text <input type="checkbox"/> Email
Street Address: _____	City: _____
State: _____	Zip Code: _____
County: _____	Country (If Outside of USA): _____
Relationship to Girl: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____	Custodial Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Emergency Contacts and Authorized Pick Up Persons (In Addition to Parents/Guardians)**

*Use this area to list the individual(s) we may contact in an emergency and/or you authorize to pick up your girl from camp at the end of the day if you are unable to.*

Name: _____	Name: _____	Name: _____
Relationship to Girl: _____	Relationship to Girl: _____	Relationship to Girl: _____
Home Phone: _____	Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____	Cell Phone: _____

**Household Information:**

*Information is for reporting purposes only and is not used to determine eligibility in program.*

Girl(s) Reside with:  Single Parent  Both Parents  Other Relative: \_\_\_\_\_  Non-Relative: \_\_\_\_\_

Total Number Living in Girl's Household:  2  3  4  5  Above 6

Household Income:  Less than \$10,000  \$10,000 – 15,000  \$15,000 – 20,000  \$20,000 – 25,000  
 \$25,000 – 30,000  \$30,000 – 50,000  Over \$50,000

Do you qualify for the school lunch program?  Yes  No

## Acknowledgements and Permissions

At Girls Inc. of Metropolitan Dallas, it is our mission to inspire all girls to be strong, smart, and bold by impacting and enriching the lives of young girls in our communities. Due to restricted space and high demand for our service, we ask that you carefully review each of the following standards in regards to your daughter(s) participation in our Summer Camp. Failure to abide by these standards may result in dismissal of program if accepted.

### Acknowledgments:

***In order to reserve placement, you must agree and adhere to the following terms and conditions:***

1. All items on the registration form are completed and accurate.
2. An initial deposit of at least one-third of the total cost must be submitted in money order form.
3. All payment deadlines are met.
4. Attend an orientation meeting held on your local Girls Inc. campus. Dates will be shared once enrollment is approved.
5. Girls must participate in the program a minimum of 3 days per week.
6. Communicate any participant absences to staff prior to 9 a.m. each day. **Failure to do so will result in a \$5 fee.**
7. Girls will be dropped off before 9:00 am and will not be picked up prior to 5:00 p.m. unless it's prescheduled with staff or an emergency.
8. Girls Inc. cannot provide transportation to take girls home at any time.
9. All girls must be picked up before 6:00 p.m. or a late fee of \$1 a minute per girl will be enforced.
10. **All girls must be picked up by a listed individual on the registration form unless written consent is otherwise received. Individuals approved for pick-up are required to be 18 years or older.**

### Permissions:

<i>Please initial:</i> _____	<b>Transportation:</b> My girl (s) has permission to be transported in the Girls Inc. vehicles. I agree not to hold Girls Inc. of Metropolitan Dallas liable for any injury or accident which might occur.
<i>Please initial:</i> _____	<b>Media Release:</b> As the parent or legal guardian of the above-named minor(s), do hereby authorize the <b>use of my girl's photograph and/or video image, televised or online</b> , by Girls Inc. of Metropolitan Dallas in printed materials for both internal and external promotional and corporate sponsor purposes. Girls Inc. shall own all rights to such photographs or video images.
<i>Please initial:</i> _____	<b>Swimming:</b> My girl(s) has permission to swim during programming. I agree that I will not hold Girls Incorporated of Metropolitan Dallas responsible for any injury or accident that might occur while participating the swim program.
<i>Please initial:</i> _____	<b>Medical Attention:</b> I authorize Girls Incorporated of Metropolitan Dallas to obtain medical care for my girl(s) in case of a medical emergency. I understand that I am financially responsible for any care given and that efforts will be made to contact the doctor I designate.

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**Health Care Information:**

Name of Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Health Care Provider (i.e. Chip, Aetna, Kids First): \_\_\_\_\_

**I have read and understand the policy statement of Girls Incorporated and will cooperate with staff to ensure the enrolled girl(s) and I will comply with policies and procedures of Girls Incorporated of Metropolitan Dallas.**

**Guardian/Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*Girls Incorporated does not discriminate on any basis prohibited by applicable law including race, religion, sex, national origin, disability, age, veteran status, sexual orientation, and citizenship status.*