



Girls Incorporated of Metropolitan Dallas
Afterschool Registration Form
2019 - 2020

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

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS

Participant(s) Information:

Girl's Name (First & Last): _____ School Name: _____

Date of Birth: ____/____/____ Age: _____ Grade Entering This Fall: _____

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

Primary Language: English Spanish Girls Inc. Location: _____

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

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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 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: 1 2 3 4 5 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 free or reduced lunch? Yes No

Liability Release, Waiver and Consent Agreement

I/(we), the Responsible Party, by signing this agreement expressly acknowledge that this agreement contains a liability release and other risk-shifting provisions which may operate to shift risk from Girls Incorporated of Metropolitan Dallas to the Student and/or the Family, and the Responsible Party expressly accepts the responsibilities and duties resulting from such provisions. The Responsible Party(s) signing this agreement admit(s) reading and understanding the terms contained in this agreement.

I/(We), for myself/(ourselves) and the Student, hereby expressly acknowledge and assume the personal, physical and other risks associated with the Student's attendance and participation in activities associated with or conducted by Girls Incorporated of Metropolitan Dallas, whether such activities occur or take place on and/or off the premises of Girls Incorporated of Metropolitan Dallas.

I/(We), for myself/(ourselves) and the Student, for consideration of enrollment as a Student of Girls Incorporated of Metropolitan Dallas and the opportunity to attend and participate in Girls Incorporated of Metropolitan Dallas Activities, hereby completely release(s) and hold(s) harmless Girls Incorporated of Metropolitan Dallas and its owners, directors, officers, managers, employees, and servants from any and all liabilities, claims, causes of actions, demands, damages, and/or monetary judgments arising from or attributable to, whether directly or indirectly, any Girls Incorporated of Metropolitan Dallas Activities, including but not limited to: (i) any injury, harm, illness or condition, whether physical, emotional, mental, or otherwise, suffered by or experienced by the Student (and/or his/her Family) arising from or in connection with attending or participating in classes, events, programs, or other activities of Girls Incorporated of Metropolitan Dallas, (ii) the act(s) and/or omission(s) of Girls Incorporated of Metropolitan Dallas and its owners, directors, officers, managers, employees, and servants, (iii) transportation between facilities and other activities associated with Girls Incorporated of Metropolitan Dallas, and/or (iv) any medical attention, treatment or urgent care provided by any person to the Student and all related costs and/or expenses.

Medical Attention

In case of injury or illness I (we) consent and expressly grant the staff of Girls Incorporated of Metropolitan Dallas the authority to obtain medical assistance and treatment, as they deem necessary while understanding that efforts will be made to contact the doctor I designate. I understand that neither Girls Incorporated of Metropolitan Dallas, its officers, agents, employees nor servants shall be responsible for any medical expenses incurred on behalf of the Student, and that I(we) am (are) responsible for all payment of medical expenses so incurred.

Name of Clinic: _____ Phone: _____

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

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ACCIDENT INSURANCE

I(We) affirm that I/(we) now have and will at all times continue to maintain proper hospitalization, health and accident insurance plans and/or policies in the amounts and coverage which is adequate for the health, welfare and protection of the Student and our Family.

TRANSPORTATION RELEASE AND CONSENT

I (we) grant(s) express permission to Girls Incorporated of Metropolitan Dallas to transport the Student in a company Bus or Van, driven by an individual authorized by Girls Incorporated of Metropolitan Dallas. I understand the Student is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff.

I(we) understand that riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects. I/ (we) recognize that participation in this activity may risk the Student personal injury or permanent loss. I(we) hereby attest and verify that I/(we) have been advised of the potential risks, and have full knowledge of the risks involved in this activity, and I/(we) assume any expenses incurred in the event of an accident, illness, or other incapacity.

As a condition for the transportation received, I/(we), my executors and assigns, further agree to release and forever discharge Girls Incorporated of Metropolitan Dallas, and their agents, officers, employees and volunteers from any claim that I/(we) might have myself or that I/(we) could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

MEDIA RELEASE AND CONSENT

I authorize Girls Incorporated of Metropolitan Dallas to copy, reproduce or publish my and/or my child's photograph and/or recorded audio or video, for the purpose of illustration, advertising, display, audio/visual, public relations and social media purposes. I/ (we) understand that Girls Incorporated of Metropolitan Dallas shall all rights to such photographs and/or recorded audio or video.

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.