



The Girls for Change Organization
 Vocational Program
 August 1st - September 2nd 2016

“Her Voice, Her Life”

Child

First _____ Middle _____ Last _____
 Gender: Male ___ Female ___
 School Name _____ Grade _____ Birth date ____/____/____ Age (as of June 30, 2011)
 Address _____ Child’s Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Address _____
 Cell phone _____ E-mail _____
 Occupation _____ Employer _____
 Work Phone _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Address _____
 Home Phone _____
 Cell phone _____ E-mail _____
 Occupation _____ Employer _____

Child lives with: _____
 Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____
 Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Primary Physician _____
 Address _____
 Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No



The Girls for Change Organization
 Vocational Program
 August 1st - September 2nd 2016

“Her Voice, Her Life”

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

The safety of your child is our primary concern. Precaution will be taking for their wellbeing and protection.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent’s/Guardian’s Initials _____

I understand that The Girls for Change Organization will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent’s/Guardian’s Initials _____

TUITION INFORMATION - to help cover food, activities and transportation cost.

Please circle how you heard about The Girls for change vocational program.

After School Program_____ Website_____ School_____ Word of Mouth_____ Flyer_____ Other_____

T-shirt size (required if attending sports classes)

Youth size small medium large x-large

Adult size small medium large x-large xx-large

****Registration form and form and payment must be made by July 27, 2016 in order for us to make this request a possibility. ****

Terms of Agreement



The Girls for Change Organization
Vocational Program
August 1st -September 2nd 2016

“Her Voice, Her Life”

Photo Release

I hereby give permission for my child to be photographed during the **GFC Vocational Program**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child’s photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of GFC vocational program and its affiliates.

Parent’s/Guardian’s Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **GFC vocational program** and activities by modes of transportation agreed to by the organizers.

Parent’s/Guardian’s Initials _____

The Girls for change organization and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____