



of Long Island

Please fill out this form to tell us some basic things about you.

Name: _____

Address: _____

Age: _____ Birthdate: Month _____ Day _____ Year _____

Phone: _____ Cell Phone: _____

Email: (If applicable) _____

Race/ethnic background (check all that apply):

African American/Black _____ Asian/Pacific Islander _____ European Descent/White _____

Native American/ American Indian _____ Latina/Hispanic _____ Multiracial _____

Language(s) spoken at home: _____

School attended: _____

Grade in school: _____

Parent/Guardian Form

Please fill out this form to tell us some basic information about your family.

Name of parent/guardian: _____

Cell Phone #: _____ Home Phone#: _____

Email address: _____

Name of parent/guardian: _____

Cell Phone #: _____ Home Phone #: _____

Email address: _____

Does this Girls Inc. member lives with:

Mother only Father only Two parents Other: _____

Do you have access to a computer at home? Yes _____ No _____

How many people are there in your family? _____

Please check next to your estimated household income:

Less than \$10,000 _____

\$10,000- \$15,000 _____

\$15,000- \$20,000 _____

\$20,000- \$25,000 _____

\$30,000- \$50,000 _____

More than \$50,000 _____

Emergency Contact Information:

If the parent(s)/guardian cannot be reached in case of an emergency who should be contacted

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

MEDICAL INFORMATION

Should participant's activities be limited because of any health problem(s), previous Surgery etc?

If so please list and describe:

Special Needs and Concerns

Does your daughter need any special accommodations to participate in Girls Inc. programming (e.g. adaptive equipment, allergies or diet, behavior issues)?

Yes _____ No _____

If yes, please describe.

Other: _____

Please read this form carefully and be aware in registering your minor child/ward for participation in the program or programs listed above you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising from that program.

GIRLS INC. OF LONG ISLAND WAIVER & RELEASE

Girls Incorporated of Long Island is committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their children in programs and activities must recognize, however, that there is an inherent risk of injury when choosing to participate. Girls Incorporated of Long Island strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety. Please recognize that Girls Incorporated of Long Island does not carry medical accident insurance for injuries sustained in its programs and activities. The cost of such medical expense would make program fees prohibitive. Therefore, each person registering themselves or a family member for a program or activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make Girls Incorporated of Long Island automatically responsible for the payment of medical expenses. Your cooperation is greatly appreciated.

Release of Liability & Permission to Secure Treatment

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s). I agree to waive and relinquish all claims I or my minor child/ward may have against the Girls Inc. of Long Island and its officers, agents, volunteers and employees as a result of participation in the program. I do hereby fully release and discharge Girls Inc. of Long Island and its officers, agents, volunteers and employees from any and all claims from injury, damage or loss with the activities of the program(s). I further agree to indemnify and hold harmless and defend the Girls Inc. of Long Island and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s). In the event of any emergency, I authorize the Girls Inc. of Long Island to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

PHOTO RELEASE:

I give permission for photographs taken of me/my child/ward while participating in the Girls Inc. Program to be used in marketing/public relations material in the promotion of Girls Inc.

By signing below, I acknowledge that I have read, understand and agree to the terms outlined above:

Parent/Guardian Name _____

Signature _____ **Date** _____