



of Greater Philadelphia
& Southern New Jersey

Out-of-School Time Programming Parent/Guardian Permission Form 2018-2019 New Application

Dear Parents & Guardians:

Girls Inc. of Greater Philadelphia & Southern New Jersey would like to invite your daughter to apply for one of our Saturday out-school-time (OST) programs. Our goal is to empower girls to succeed by providing trusting mentoring relationships, a girls-only environment, and research-based program activities that are fun and engaging.

In addition, all participants will be invited to attend career exploration workshops and register for summer camp programming in the summer of 2019.

The following Out-of-School Programs will be offered:

- **Discovery**-Leadership program designed for girls 6-8 years old to develop skills in leadership, literacy and healthy/wellness in efforts to create change within their community and lives.
- **STEM GEMS**- Science, Technology Engineering, & Math program for 9-11 years old girls to explore, develop leadership skills, gain confidence in math and science, connect with mentors, and learn about STEM careers.
- **Rising STARS**- Leadership & Community Action program designed for girls 12-14 years old to cultivate girls' leadership skills by investigating their rights and responsibilities to create lasting social change.
- **Ambassador Club**- College Readiness and Leadership program designed for high school students to prepare the next generation of future leaders with the knowledge, skills, and attitudes necessary to succeed.

All programs take place two Saturdays from 10-2PM at Friends Center located at 1501 Cherry Street Philadelphia, PA 19102 from September 2018-June 2019. Participation is free and includes lunch, Girls Inc. t-shirt, trips, and mentorship opportunities.

To register for a OST program, please complete the attached application. Should you have any questions or concerns, I can be reached at 215-735-7775 x 404 or carrington@girlsincpa-nj.org.

Sincerely,

Cherice G. Arrington

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Education & Outreach Coordinator

APPLICANT INFORMATION: (Please print clearly)

First Name: _____ Last Name: _____

Birthdate: Month _____ Day _____ Year _____ Age: _____

New or Returning Participant: _____ Current Grade: _____ Grade in Fall 2017: _____

School: _____ City: _____ State: _____

T-shirt size:

Youth/SM Youth/MED Youth/L Adult/SM Adult/MED Adult/L Adult/XL Adult/XXL

Phone Number/Email Address-If different than parents/guardians:

Participant's Phone #: _____ Participant's Email: _____

How did you hear about Girls Inc.? _____

Does the girl have any special interests or hobbies?

What are her career/post-secondary interests? _____

Does child have permission to go swimming? Yes No Describe skill level: Beginner Advanced

MEDICAL & BEHAVIORAL INFORMATION: (Please print clearly)

Allergies, Medications, Diagnoses or other Concerns:

Yes No If yes, please explain (include list of medications or inhaler being used):

Please include any way these conditions or behaviors may need to be addressed or accommodated. For example, if your child has been diagnosed with ADHD please describe behaviors we should expect to see or behavior modifications used at home or school. This will help us work with you as team to help your child succeed. Please attach additional information or discuss with us as necessary.

PARENT/GUARDIAN INFORMATION:

I am her (please circle one): Mother Father Grandparent Aunt Uncle Foster Parent Other _____

Primary Parent/Guardian First Name: _____ Last Name _____

Address: _____

City: _____ State: _____ Zip code: _____ County: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Secondary Parent/ Guardian (Check box if address is the same)

First Name: _____ Last: Name _____

Address: _____

Phone Number: _____ Email Address: _____

AUTHORIZED CONTACTS TO PICK UP CHILD

Name: _____ Telephone # _____ Relationship: _____

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Name: _____ Telephone # _____ Relationship: _____

My child can take public transportation on her own: (circle one) YES or NO

PLEASE CHECK ALL BOXES THAT APPLY

- Race:** American Indian/Native American
 Black/African American
 Hispanic/Latino
 White/European Descent
 Asian/Pacific Islander
 Multiracial _____
 Other: _____

- My child lives with:** Both Parents
 Mother Only
 Father Only
 Foster Parent
 One Parent at a time
(Joint Custody)
 Other: _____

Household Income: Less than \$10,000 \$10,001-\$15,000 \$15,001-\$20,000 \$20,001-\$25,000
 \$25,001-\$30,000 \$30,001-\$50,000 Greater than \$50,000

Household Members in Girls Inc.: _____

School Lunch Eligibility: Free Reduced Full Priced/Bring Own Lunch

Main Language Spoken At Home: English Spanish Other _____

Field Trip/Emergency Treatment Permission

This form will accompany staff on field trips and will be used to contact a caregiver in the event of an emergency. Please provide up to date information.

Participant's Name: _____

Parent/Guardian's Name: _____ **Relationship to Participant:** _____

Parent/Guardian Signature: _____ **Date:** _____

Telephone Number 1: _____ **Telephone Number 2:** _____

Additional Emergency Contact

Contact Name: _____ **Relationship to Participant:** _____

Telephone Number: _____

Additional Emergency Contact

Contact Name: _____ **Relationship to Participant:** _____

Telephone Number: _____

Medical Insurance Provider: _____

Group Number: _____ **Policy Number:** _____

Girls Inc. of Greater Philadelphia & Southern NJ

Waiver and Release of Liability

1. By signing this Waiver and Release of Liability (Agreement), I waive and release Girls Inc. of Greater Philadelphia & Southern NJ, its agents, servants, employees, insurers, successors and assigns from any and all claims, demands, causes of action, damages or suits at law and equity of any kind, including but not limited to claims for personal injury, accidents, illness, property damage, medical expenses, loss of services, on account of or in any way related to or growing out of my presence or involvement at the facility. I give consent for my daughter to receive medical treatment including hospitalization, if necessary and understand payment will be my responsibility.

This waiver and release is intended to and does release Girls Inc. of Greater Philadelphia & Southern NJ from any and all liability for damages or injuries on account of or in any way related to or growing out of my negligence, the negligence of third parties and Girls Inc. of Greater Philadelphia & Southern NJ's negligence. This is not intended to release Girls Inc. of Greater Philadelphia & Southern NJ from any liability resulting from their intentional conduct.

2. I further covenant and agree not to institute any claims or legal action against Girls Inc. of Greater Philadelphia & Southern NJ for any claim released by this Agreement. I further agree that should any claim be made against Girls Inc. of Greater Philadelphia & Southern NJ in contravention of this Agreement, including but not limited to derivative claims, I will protect, defend and completely indemnify (reimburse) Girls Inc. of Greater Philadelphia & Southern NJ for any such claim and expenses including attorney's fees and costs incurred by Girls Inc. of Greater Philadelphia & Southern NJ in defending themselves or security indemnity hereunder.

3. I understand that Girls Inc. of Greater Philadelphia & Southern NJ is not responsible for any lost, stolen, or damaged valuables or property.

4. I fully understand that all persons participating in Girls Inc. programs/activities are to abide by all rules and regulations governing conduct the activity. Any violation of these rules may result in the individual being removed from the activity at the expense of the parent/guardian.

I have read the Agreement and understand that by signing the Agreement I have consented to be bound by its terms, including the waiver/release of any legal right I may have to sue Girls Inc. of Greater Philadelphia & Southern NJ for any costs they incur because a claim or legal action is brought in violation of this Agreement. I agree any violation of the Agreement and its terms and conditions, as determined by Girls Inc. of Greater Philadelphia & Southern NJ, will void and terminate this Agreement and may result in loss of the ability to use the facility. I fully understood, and I acknowledge this by voluntarily signing this form.

Parent/Guardian Printed Name

Parent/Guardian Signature

/ /
Date

Girls Incorporated of Greater Philadelphia & Southern New Jersey
Article and Photo Release Consent Form

Article and Photo Release

I hereby give permission for Girls Inc., corporate sponsors, and funders to use the first name and photos of the girl listed below to showcase their involvement in Girls Inc. programs. Photos and/or video recordings can be posted on the Girls Inc. and corporate sponsor websites, newsletter articles or other promotional literature.

Participant's Full Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

I would like to be enrolled in Girls Inc. of Greater Philadelphia & Southern New Jersey's email list serve. I understand that I will receive updates on upcoming programming and events periodically. I understand that I can opt out of this service at any time.

_____ Yes or _____ No

REGISTRATION

Out-of-School Time Programs

Out-of-School Time (OST) programs will take place from September 2017-June 2018. Discovery, STEM GEMS, and Rising STARS will occur two Saturdays a month from 10-2pm. Ambassador Club will occur two Saturdays a month from 10-2pm and one Wednesday a month after-school.

Discovery (Ages 6-8)

STEM GEMS (Ages 9-11)

Rising STARS (Ages 12-14)

Ambassador Club (Ages 15-18)

I am interested in learning more about summer camp opportunities.

Administrative Office

Mail To:

Girls Inc. of Greater Philadelphia & Southern New Jersey 1501

Cherry Street

Philadelphia, PA 19102

Phone: 215-735-7775 x 404

Fax Number: 215-764-5099

Scan To: carrington@girlsincpa-nj.org