

**Girls Incorporated of Worcester
Registration Form**

Registration Date: _____ One Time \$15 Registration Fee New Renewal

Program Selection(s): **Drop-in** **Basketball** **Swimming**

INFORMATION ABOUT CHILD:

Name _____ Telephone _____ Cell Phone _____

Address _____ City _____ Zip _____

School _____ Grade _____ Current Age _____

Child currently lives with _____ Relation to child _____ DOB _____

INFORMATION ABOUT PARENT/GUARDIAN:

Parent/Guardian Name _____ Employer _____ Work Phone _____

Person to notify in case of emergency (if parent/guardian cannot be reached):

Name _____ Telephone _____

Marital status: Married Partnered Divorced Single Widowed

Primary language spoken at home: _____ Secondary language spoken? _____

How did you first hear about Girls Incorporated? Newspaper/Radio/Television Internet Family/Friend Other

The following information is used for grant writing purposes and will not be shared and/or your name will not ever appear next to the information.

<u>Income Level:</u> Please Circle	<u># of people in Household:</u> Please Circle	<u>Ethnic Background:</u> Please Circle
Under \$17,000	1	Asian/Pacific American
\$17,000 to \$20,999	2	Black/African American
\$21,000 to \$24,999	3	Latino/Hispanic American
\$25,000 to \$49,999	4	Indian/Native American
\$50,000 and above	5	White/European American
	6	Multiracial/Multiple Heritage
		Other

MEDICAL PERMISSION FORM: I give permission for my child, _____, to receive emergency treatment and to be hospitalized at my expense, if necessary. I understand that every effort will be made to contact me before taking this action. I agree to update Girls Inc. if there are any changes in the information given.

Signature _____ Relation to child _____ Date _____

Doctor's Name _____ Telephone _____


Medical Insurance Center _____ Policy Number _____

Please notify the Girls Incorporated office of special health needs (i.e. allergies, asthma, etc.) _____

Girls Incorporated Activity Permission

- I give permission for my child to participate in Girls Incorporated programs including Kid-Ability and to be transported by Girls Incorporated staff to and from these activities, field trips, and school centers. I understand that my medical coverage is the primary insurer for my child and will not hold Girls Inc. responsible in case of an accident.
- I give permission for images in print and electronic form and videos taken of my child during program to be used for public relations purposes, in newsletters, brochures, annual reports and for publicity on our website, radio, television and newspapers.

Parent/Guardian Signature _____ Date _____

<p>For office use only: Date entered into database: _____ Initials: _____ Program: _____</p>	
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