

GIRLS INCORPORATED OF WORCESTER SUMMER PROGRAMS REGISTRATION 2011

Child's Information

First Name _____ Last Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Male Female Date of Birth _____ Age _____ Grade in Fall _____

School _____ Email _____

Indicate your child's special needs and medication concerns _____

Medications _____ Physician's Name _____ Phone _____

Allergies _____

Immunization records required for children attending Camp Kinneywood only (two weeks prior to attending) _____

Family Information

Mother/Guardian's Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Father/Guardian's Name _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Emergency Contact _____ Phone _____

Alternate pick-up person _____

Parental Permission

I give permission for my child to participate in Girls Incorporated activities and for my child to receive emergency treatment to be hospitalized, at my expense, if necessary. I understand the Director may dismiss my child from the program if in her/his opinion the conduct of my child is not in the best interest of the total program. I give permission for photographs and videos in print and electronic form taken of my child during programs at Girls Incorporated to be used for public relations purposes, publicly and privately for newsletters, brochures, annual reports, website, radio, television, and newspapers.

Signature of Parent/Guardian _____ Date _____

