



910 Vance Ave, Memphis TN 38126

INFORMATION/REFERENCE CARD

Participant Information:

Name (Last, First, Mi): _____

Other name used: _____ Email: _____

Permanent Address: _____

City: _____ Zip: _____

Phone 1: _____ Phone 2: _____ Cell: _____

School: _____ Grade: ____ Age: _____

Date of Birth: __/__/__

EMERGENCY CONTACTS:

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____ Cell: _____

Please list any health problems your child has: _____

Please list medications, dietary need, and/or food restrictions your child has: _____

Please give any details of custody guidelines or special pick-up instructions:

I, _____, have read and understand the policies regarding Girls Inc. and I release and hold harmless Girls Inc., its agents and its employees. To the best of my knowledge, my child is in good health and able to participate. I give permission for my child to be treated by qualified medical personal at any facility chosen by Girls Inc., and authorize its representatives to act as my agent in signing for such treatment at the chosen medical facility or doctor office. I do understand that staff members of Girls Inc. are not allowed to administer medicine to my daughter and I will assume responsibility for my daughter while she participates in the program.

Parent/Guardian Signature

Date Signed:

Participant Name: _____ Last Four Digits of Student's Soc. Sec. _____

I, _____, the parent/guardian of the participant named above, will provide, to the best of my ability, the necessary support and assistance to prepare my child to become STRONG, SMART AND BOLD.

I HEREBY GIVE PERMISSION FOR (please initial each statement):

- _____ My child to take part in the activities of Girls Inc. of Memphis
- _____ My child to go with authorized Girls Inc. staff and volunteers on trips to places of interest (by bus or car) and release and hold harmless Girl Inc. of all responsibility, other than reasonable care. I understand that Girls Inc. is not responsible for my child beyond posted operating/activity hours.
- _____ Girls Inc. to request transcripts of grades and test scores from the school in which my child is presently enrolled and/or any other school which has been previously attended.
- _____ Girls Inc. to request notification of placement in a secondary or post-secondary institution, the type and amount of financial aid received for a program of study.
- _____ My child to be photographed (still and/or video/film) for Girls Inc. of Memphis. I understand that possible uses include, but are not limited to, printed material, displays, audio/visual presentations, radio, and television. My child's photo may be seen by the general public, if to do so furthers the goals of Girls Inc. of Memphis. You may also use my child's voice, a quote from my child, and facts about my child's life and work for the same purpose.
- _____ My child to participate in the SSBOS (strong, smart, bold outcome survey)

I FURTHER AGREE TO:

- Support and encourage my child to participate in all program activities.
- Attend parent meetings and activities whenever possible.
- Contact my child's assigned Girls Inc. staff person should I have any concerns regarding program services and/or activities.

I further understand that Girls Inc. of Memphis has a NO REFUND POLICY for deposits, field trips, program and transportation fees. Please Initial: _____

Parent/guardian Printed Name: _____

Parent/guardian Signature: _____