



2026 Enrollment Form



Member Information:

Member Name: _____ Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Grade: _____ School: _____

Allergies: _____

Disabilities: _____

Parents/Guardians: (parent #1 is considered the custodial parent)

Parent/Guardian #1: _____

Address: _____

Home #: _____ Cell #: _____

Employer: _____ Work #: _____

E-mail: _____

Parent/Guardian #2: _____

Address: _____

Home #: _____ Cell #: _____

Employer: _____ Work #: _____

E-mail: _____

Emergency Information: If custodial parent/guardian is not available in an emergency, we will notify the following

Name: _____ Relationship to member: _____

Phone # _____ Cell # _____

Name: _____ Relationship to member: _____

Phone # _____ Cell # _____



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The following people may pick my child up from Girls Inc.

Demographic Information

The following information is needed for statistical purposes only and is strictly confidential.

<u>Ethnic background</u>	<u>Family Income</u>	<u>Child lives with</u>
<input type="checkbox"/> White	<input type="checkbox"/> under \$10,000	<input type="checkbox"/> both parents
<input type="checkbox"/> Black/African American	<input type="checkbox"/> \$10 - 15,000	<input type="checkbox"/> mother only
<input type="checkbox"/> Hispanic / Latina	<input type="checkbox"/> \$15 - 20,000	<input type="checkbox"/> father only
<input type="checkbox"/> Asian	<input type="checkbox"/> \$20 - 25,000	<input type="checkbox"/> one parent at a time
<input type="checkbox"/> Multi-racial	<input type="checkbox"/> \$25 - 30,000	Other _____
	<input type="checkbox"/> \$30 - 50,000	
	<input type="checkbox"/> More than \$50,000	

Parental Authorization

I authorize Girls Inc. staff to administer basic and temporary first aid to my child if necessary. In the event of a serious injury, I give Girls Inc. permission to transport my child to a hospital or other emergency facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I also agree to accept full financial responsibility for any injury that my child may incur as a result of her participation. I further agree to release from and to indemnify for any liability, now and hereafter, for any injury my child may incur as a result of her participation in the program activity, Girls Incorporated of Shelbyville/Shelby County, their employees, officers, and volunteers. I make this agreement on behalf of my heirs, my estate, and myself. I understand that Girls Inc. personnel will contact me as soon as possible regarding any emergency involving my child.

I give my child permission to attend local outings as part of the daily activities of Girls Incorporated programs. (park, field trips...etc.)

I authorize Girls Incorporated to publish my child's name and photograph in the newspaper, newsletter, web page, or other promotional publications.

I agree to pay and be fully responsible for any and all fees and expenses incurred by my child related to her participation or involvement in any activities associated with Girls Incorporated, including but not limited to: before and after-school programs, holiday breaks, sports leagues or activities, gymnastics, field trips, summer camps, and any other activities in which my child participates through Girls Incorporated. I further agree that in the event collection proceedings are necessary to collect any unpaid fees or expenses which I owe that I will be responsible for payment of any attorney's fees and expenses incurred by Girls Incorporated to collect all outstanding amounts.

I understand that Girls Inc. can use a program called Professional Crisis Management (PCM) and that there are Girls Inc. staff who are certified in this protocol and have the right to use it if any safety concerns or crisis situations arise. Disclaimer: PCM is only used in extreme safety situations.

I hereby declare that all above information is correct, and I will be responsible for providing Girls Inc. with any information that changes throughout the year.

Signature / Parent-Guardian

Date

SPORTS WAIVER

CHILD'S NAME _____ SPORT _____

Read the following carefully and sign below. NOTE: Parents signs if student is under 18 years of age.

Athlete Membership Agreement and Information Club Waiver and Release Form

Fill in all blanks, submit form for current year's sports area. One form signed will cover all sports leagues and gymnastics.

AGREEMENT

In consideration of my membership in Girls Incorporated, and my participation in Girls Inc. classes, events, and activities, I agree to be bound by each of the following:

1. **Eligibility:** I agree to comply with the rules of Girls Incorporated.
2. **Medical Attention:** I hereby give my consent to Girls Incorporated and/or the Host Organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
3. **Readiness to Participate:** I will only participate in those Girls Inc. classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises that I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
4. **Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in sporting activities and events. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. Girls Incorporated, its coaches, other staff members, Board of Trustees, and volunteers will not accept responsibility for injuries sustained by any student during the course of any sporting event. Or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Girls Incorporated of Shelbyville/Shelby County. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Girls Incorporated and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage that I consider adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child about the dangers of sports and injury. The parent should warn the child according to what the parent feels is appropriate. Girls Incorporated of Shelbyville/Shelby County will only warn the child through "Safety Messages" and our teaching style and progressions.

Primary Medical Insurance: I am covered by a primary health/medical/accident insurance through:

Parent or Guardian Signature: _____

Date _____

Girls Incorporated of Shelbyville/Shelby County Member Technology and Internet Use Policy

Member Name: _____

All members are responsible for their actions and activities involving Girls Incorporated of Shelbyville/Shelby County computers, network resources, and internet services.

Acceptable Uses:

- Girls Inc. technology (computers, iPad's, etc.), network and Internet services are provided for educational purposes
- Members must comply with all policies, rules, and expectations concerning member conduct and communications when using center computers

Prohibited Uses:

- Accessing inappropriate material- Students may not access, submit, post, publish, forward, download, scan or display offensive, abusive, obscene, vulgar, sexually explicit, sexually suggestive, threatening, discriminatory, harassing, bullying and/or illegal material or messages
- Staff members must **always** accompany and supervise members while using any technology.
- Members must receive permission to print material.

NO food (including gum and candy) or drinks allowed around Girls Inc. technology.

NO Instant Messaging or online chatting allowed

NO email use by students

NO software installation or program downloads by students

NO music or MP3 downloading

NO "burning" of music CD's of any kind using Girls Inc. computers

NO posting to electronic bulletin boards or message boards

NO changing of computer configuration settings (i.e.: home page, passwords, screensaver) or altering the desktop display

NO social media (Facebook, Twitter, etc.)

NO playing any game that you need to sign in to play

NO getting on any website that needs a username and/or password

Parent or Guardian must read and sign this agreement. As a parent or guardian of this member I have read the member technology and internet policy. I understand that this access is designed for educational purposes. However, I realize that it is impossible for Girls Incorporated of Shelbyville/Shelby County to restrict access to controversial materials and I will not hold Girls Incorporated of Shelbyville/Shelby County responsible for any materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a Girls Incorporated of Shelbyville/Shelby County setting. I hereby give permission for my child to be allowed Girls Incorporated of Shelbyville/Shelby County network access and certify that the information contained on this form is correct.

Parent or Guardian Name (please print): _____

Parent or Guardian Signature: _____ Date: _____