



Girls Incorporated  
of Durham

## 2009 GirlZone Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Please indicate any relevant medical information we need to be aware of. i.e. food allergies, medications, etc. \_\_\_\_\_

Health Card #: \_\_\_\_\_

### Primary Contact

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal: \_\_\_\_\_

Home phone #( ) \_\_\_\_\_ Work #( ) \_\_\_\_\_ Cell #( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone# \_\_\_\_\_

Date(s): \_\_\_\_\_

Location: \_\_\_\_\_

Member  Non-Member  Cost: FREE for members Cost: \$5.00 non-member

Payment Method: CASH  CHEQUE  VISA# \_\_\_\_\_

Name \_\_\_\_\_ Expiry date \_\_\_\_\_

I have provided Girls Incorporated of Durham with all necessary medical information and can be reached at the numbers listed. I acknowledge and accept the risk for any accidents or injuries arising by reason of participation in the program by myself or the person who is shown as the "participant".

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

