

PROGRAM REGISTRATION FORM

Participant Information

Child's Last Name: _____ Child's First Name: _____

Birth Date: M _____ D _____ Y _____ Age: _____ School/ Grade: _____

Health Card #: _____

Please indicate any medical information that you would like us to be aware of. i.e. food allergies, medications, etc. _____

Main Contact

Last Name: _____ First Name: _____

Relationship to Child: _____

Address: _____

City: _____ Postal Code: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Alternate/Emergency Contact Name: _____

Phone Number: _____ Alternate Phone Number: _____

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".

Parent/Guardian Signature: _____ Date: _____

Media Release

There may be occasions where pictures of your daughter will be taken. These photos will be used for newsletter, videos, brochures, annual reports, radio, television newspapers and our home website.

I give my permission for my daughter to appear in any Girls Incorporated of Durham publications.

I do not give permission for my daughter and or myself to appear in any Girls Incorporated of Durham publications.

Parent/Guardian Signature: _____ Date: _____

Names of Programs

GIRLSPACE

GIRLZONE

P.A. Day Camp

March Break Camp

BSG Book Club

Money Talks Family Workshop

GIRLSTART

Cost: _____

Location: _____

Date: _____

Member: _____ Non-Member: _____

Paid: Cash Cheque Credit

Card Type: _____

CreditCard#

Exp: _____

Name on Card:

How did you hear about this program?

OFFICE USE ONLY

No Charge (Member)

Receipt #: _____